



TAIWAN TOBACCO  CONTROL
ANNUAL REPORT 2012





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Tobacco Hazards Prevention Act Has Hurdled Miles in Creating a Tobacco-free Environment in the Past Three Years.

Tobacco hazards having become a root cause of death in this country had taken away over 20,000 lives every year; that is, one life every half an hour. It now poses a serious threat to the health and safety of individuals, families, and communities. Hence, following the implementation of the *Tobacco Hazards Prevention Act* on January 11, 2009, under the concerted efforts of the respective local county and city governments and related government agencies, the exposure rate of the general public to second-hand smoke (SHS) in public places dropped from 24% in 2008 to 8% in 2011; which means the protection from SHS rose to 90%, placing Taiwan among the nations with better achievements in second-hand smoking hazards prevention. Smoking rate of adults aged over 18 years has dropped from 21.9% in 2008 to 19.1%, or a decrease of 13%; hence, we estimated that in the past three years, the smoking population shrunk by around 420,000 smokers. However, in Taiwan, the smoking rate of male adults within the 25-39-year-old age bracket remains high, around 40%; that is, around 1.6 times the rates posted by the UK or the US. It is indeed an alarm.

In 2009, Taiwan raised its tobacco health and welfare surcharge from NT\$ 10 to NT\$ 20; thereafter, the smoking rate of male adults within the 25-39-year-old age bracket dropped from 47.6% in 2008 to 42.5% in 2011, (a drop of 10.7%) . A further look revealed that the smoking rate of male college graduates or higher degree holders posted a dramatic decrease from 27.8% in 2008 to 25.7% in 2011, (a drop of 7.6%) ; whereas, the smoking rate of male adults with the educational attainment of senior or vocational high school graduates dropped from 55.5% to 51.3%, (a decrease of 7.6%) , and the smoking rate of those with the educational attainment of junior high or lower school graduates dropped from 72.7% to 58.1%, or a decrease of 14.6% (achieving a margin of decrease exceeding 20.1%) . It is apparent that the implementation of the *Tobacco Hazards Prevention Act* and the imposition of heavier tobacco health and welfare surcharge had a stronger deterring effect on the junior high school graduate or lower educational attainment smokers than the college graduate or higher degree holding smokers; an accomplishment that narrows the health status difference of the two social brackets.

In 2011, a program pivoted on the "supporting tobacco-free environments, smoking cessation services, and tobacco hazard education" was launched through TV commercials, radio broadcasting , newspaper, magazine and multimedia promotion. Soft appeal from friends and family and testimonies of entertainment celebrities on their personal smoking quitting experiences were presented to remind smokers to quit smoking while it's still early. The programs also urged the public to pay a serious regard to the hazards of smoking and second-hand smoke. Moreover, promotion of the smoking cessation campaign was further enhanced. Quit smoking advertisements, various ad broadcasting, distribution of smoking cessation handbooks, and information campaigns



on the chronic obstructive pulmonary disease consequences and other hazards of smoking were produced to urge smokers to quit the habit, and a youth anti-smoking artwork solicitation activity was organized to foster higher tobacco hazard awareness among the youth. Survey results indicated that nearly 90% of the public feel improvement in the tobacco-free environments after the implementation of smoking ban regulations. Moreover, at least two-thirds of the respondents admitted knowledge of the smoking cessation services assistance provided by related government agencies, an apparent manifestation that sustained promotion of tobacco control information has indeed accomplished considerable progress.

In 2011, outpatient clinics of over 1,900 hospitals are now offering assistance to smokers attempting to quit smoking; these hospitals are located in around 96% of the towns and villages of the country. In the period from 2002 to 2011, therapeutic services had been offered to over 450,000 smokers kicking the habit. Moreover, in the period from 2003 to 2011, the anti-smoking helpline had provided phone counseling services to 139,655 calls. In 2011, training courses had been provided to the smoking cessation health personnel of community pharmacies, school campuses, workplaces, and hospitals; a total of 42,947 persons benefited from the program. Furthermore, a Second Generation Smoking Cessation Payment Scheme was launched on March 1, 2012, under which around 2,000 hospitals and clinics provided "Full-Course, Full-Community, All Population" services. The new program extended the smoking cessation services to all outpatient, hospitalization, and emergency patients; thus, the tobacco health and welfare surcharge revenues collected from smokers are used as subsidies to aid smokers, such as diagnostic fees and health education expenses. Moreover, the medicine expense subsidy follows National Health Insurance (NHI) payment system according to NHI's copayment scheme. The patients only need a copayment less than NT\$ 200 each time. People from low-income households and indigenous area or offshore islands are exempted from copayment. In the meanwhile, a training program is planned for professional smoking cessation health education personnel to provide smoking cessation counseling and educational services.

The government has included tobacco control in the important policies of the Golden Decade Mega Plan . It is projected that by year 2020, the smoking rate among adults would be reduce by 50% (that is, from 20% to 10% of adults; male smoking rate to drop from 35.4% to 15.7%, but to remain unchanged for females, 4.4%). This goal poses a serious challenge to the Bureau, and we have already launched the Second Generation Smoking Cessation Payment Scheme and smoking cessation health educator certification measures. Nevertheless, we are still a long way from goal; hence, we shall continue to persevere with the multifaceted strategies in our efforts to safeguard the health and welfare for the entire country.

In the Taiwan Tobacco Control Annual Report of 2012, we shall continue to follow the "WHO Framework Convention on Tobacco Control" in realizing objectives for the "development and implementation of tobacco control policies" , "reducing tobacco demand" , "reduction of tobacco supply" and "research, monitoring, and international exchanges" . These are the milestones of our efforts in controlling the spread of tobacco hazards that we hope to share with our partners engaged in tobacco control work here in the country and abroad.

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Development and Implementation of the Tobacco Control Policies in Taiwan

Changing the Smoking Culture through the *Tobacco Hazards Prevention Act*

Prior to the 70s, "smoking" was prevalent in the social culture of Taiwan. The smoking rate among male adults reached as high as 60%. However, consequential problems of tobacco hazards gradually took a serious turn; hence, the tobacco control budget has been allocated from the government's chronic disease prevention budget since 1980, and non-governmental organizations started launching anti-smoking campaigns. The various anti-smoking campaigns were launched in the hope of rousing a serious national concern on the problem of tobacco hazards and at the same time promoted the cultivation of the "say 'No' to second-hand smoke" social concept. In 1987, the United States ratified Section 301 of the U.S. Trade Act which deregulated importation and advertising of tobacco products. In response, the Department of Health launched the "Three-Year No-smoking Campaign", and in 1990, the DOH implemented the "Five-Year Tobacco Control Plan for the Taiwan Region". All tobacco control operations were implemented in cooperation with the related agencies and ministries of the Executive Yuan and private sectors. Moreover, Taiwan ratified the *Tobacco Hazards Prevention Act* in 1997 in an effort to control tobacco hazards and safeguard the health of the nation. The Act forcefully regulated the sales promotion and advertisement, the sales methods and target market, the smoking ages and places, and the health warning messages and nicotine & tar content, thereby providing legal grounds for the enforcement of tobacco control work. In 2000, two new laws were passed, the *Tobacco and Alcohol Tax Act* and the *Tobacco and Alcohol Administration Act*. Thereafter, pursuant to Article 22 of the *Tobacco and Alcohol Tax Act*, a tobacco health and welfare surcharge amounting to NT\$ 5 should be levied on every pack of cigarettes, and collection of which started in 2002. Ten percent of these tax collections were allocated for tobacco control work. Experts and scholars were commissioned to jointly present a proposal for the tobacco control campaign that may set the direction for the pertinent implementation procedures. In 2006, the *Tobacco and Alcohol Tax Act* was amended to raise the tobacco health and welfare surcharge to NT\$ 10 per pack and fund allocation for the tobacco control campaign budget was 3%.

Bringing Tobacco Legislation in Line with the World

The first International Convention on Public Health - "WHO Framework Convention on Tobacco Control" – took effect on February 24, 2005. After ten years of implementing the *Tobacco Hazards Prevention Act* enacted in 1997, Taiwan ratified the first amendment to the *Tobacco Hazards Prevention Act* on July 11, 2007 in response of developing the world



trends and international community actions. The amended Act took effect on January 11, 2009, and in the same year, Taiwan raised its tobacco health and welfare surcharge for every pack of cigarettes from NT\$ 10 to NT\$ 20, clearly manifesting its aggressive determination to implement regulations for tobacco-free environments and to keep abreast with the changing world trends. Moreover, the government further hopes to awaken a national consciousness for health interests through the institution of these new regulations and protect the rights of over 80% non-smoking public in Taiwan to good health, thereby building a healthy tobacco-free living environment through the reduction of second-hand smoke hazards and reduction of the smoking rate.

In 2009, essential points of the *Tobacco Hazards Prevention Act* amendment enabled the upgrading of the tobacco health and welfare surcharge from NT\$ 10 to NT\$ 20 per pack of cigarettes and expansion of the area of no-smoking places; for instance, the institution of a full smoking ban in indoor public places, indoor work places containing three or more persons and in public transportation vehicles...etc. Operators of these facilities are required to post smoking prohibition notices on the entrances, exits, and appropriate locations of the facilities and are prohibited from providing any smoking related implements. Violators are subject to fines ranging from NT\$ 10,000 to NT\$ 50,000; on the other, individuals smoking in places with smoking bans may be immediately fined from NT\$ 2,000 to NT\$ 10,000 without prior warning. On the matter of health hazard warning messages, in addition to the warning text message, the warning shall likewise contain six signs and smoking cessation related information; moreover, containers shall neither contain words such as low tar, light, mild, or any other words or marks likely to mislead the consumers into the false conception that smoking of which is not hazardous to health or poses less health hazards. For further protection of the health of embryos in wombs and minors, pregnant women are now included in the target demography of the smoking ban. The law also prohibits individuals from providing tobacco products to young minors; violators of this restriction are subject to fines ranging from NT\$ 10,000 to NT\$ 50,000, and the smoking minor shall be compelled to attend smoking cessation counseling seminars. In enhancement of the control on the sales promotion and advertising campaigns of the tobacco product vending premises, in addition to the restriction prohibiting the display of tobacco products on open shelves to which consumers may have direct access to products, the penalty fines for violations are raised significantly. The fine imposed on business entrepreneur illegally sponsoring advertising or sales promotion campaigns for tobacco products has been raised from the initial range of "NT\$ 100,000 to NT\$ 300,000" to "NT\$5 million to NT\$ 25 million". Furthermore, tobacco product manufacturers and importers are requested to declare the ingredients, additives, emissions, and toxicity information of tobacco products for the open knowledge of the public.

2009 is an important year in the campaign to control the tobacco hazards. In addition to the routine tobacco control efforts, we prepared a number of support measures to urge the expansion of no-smoking places and established new regulations for the better administration of tobacco products. The new policies launched on January 11, 2009 enabled the increase of tobacco health and welfare surcharge. The proper utilization of resources and the horizontal and vertical cross-sectoral cooperation of the ministries and agencies of the administrative department, the Legislative Yuan, the local governments, the business sector, the public, and the non-governmental organizations had made it possible to inculcate compliance to the new regulations in the mind of the people and to raise the taxes and prices of tobacco products within a very short period. These two missions were completed under a call for full mobilization, thereby allowing the nation to achieve a new milestone in the campaign to stem tobacco hazards.

Fighting First- and Second- hand Smoke on Multiple Fronts

Professional assistance to quitting smoking may raise the smoking cessation success rate by at least 20%. To date, over 1,900 medical institutions in various counties and cities have established smoking cessation clinic services; these clinics are located in around 96% of the towns and villages. In the period from 2002 to 2011, the therapeutic service to help smokers quit smoking had been provided to more than 450,000 smokers, and in the period from 2003 to 2011, the smokers' helpline had provided the counseling service to 139,655 callers. In 2011, a total of 42,947 health education personnel from community pharmacies, school campuses, workplaces, and medical institutions had completed training to provide smokers assistance in kicking the habit.

Since the smoking rate of adult males in the country remain higher than the rates posted by many developed nations, and mere 29% of male smokers had quit smoking. Since the initial subsidies for the therapy and medication provided to smokers kicking the habit had been inadequate, smokers availing of the smoking cessation service still had to assume a high percentage of related expenses or spend more than the cost of one pack of cigarettes per day for the service. This creates the perception that smoking is cheaper than quitting. This perception not only causes huge obstruction in motivating smokers to quit, but also means a heavy financial burden to the financially challenged population to which group the highest smoking rate or strongest smoking addiction is attributed. Thus, on March 1, 2012, the Department of Health launched the "Implementation of the Second Generation Payment Scheme for Smoking Cessation" with a plan to train more health education personnel to provide the face-to-face counseling to smokers and the case management service. Moreover, through the integration of available local resources, teams were assigned to workplaces, schools, and other facilities to provide instructive orientation, counseling, and smoking cessation health education service. It is project that in 2012, there will be around 2,100 medical institutions located in different parts of the country providing Full-Course, Full-Community, All Population services.



The imposition of the tobacco health and welfare surcharge enabled the full-scale implementation of tobacco control work which aimed to prevent a growth in the smoking population and foster a higher proportion of such population to quit smoking, thereby reducing chances of second-hand smoke exposure. Salient points of the implemented strategies included the realization of the tobacco control efforts of local governments, implementation of a full-scale tobacco control education and information dissemination, provision of accessible counseling services for smokers, enhancement of international exchanges, and establishment of a research and monitoring system, in the hope of completely implementing the tobacco control work through the aspects of proper enforcement of laws and regulations, educational propaganda, smoking cessation service, and solid foundation construction.

However, the promotion of a tobacco-free environment requires a long-term effort; despite the heightened public awareness for tobacco hazards and the improvement of the tobacco hazard effect on the environment, the smoking ratio among adult males remains high. There are still people smoking in no-smoking places, and the prices of tobacco products are relatively cheaper; hence, the ratio of smokers truly quitting smoking remains low. Likewise, the ratio of medical professionals voluntarily urging smokers to quit smoking is low. It is apparent that more aggressive tobacco control measures are needed for the campaign. In the future, the Bureau shall continue to work with the various social sectors in organizing perennial information promotion programs, building a tobacco-free environment, providing multi-faceted smoking cessation services, and implementing a variety of tobacco hazards education programs. Through health policies, supportive environments and proper service, we shall be consolidating participation of communities and the public and integrating resources of the industrial, government, academic, and civic sectors in the implementation of tobacco control work, thereby creating a united effort for the realization of a tobacco-free Taiwan.



TAIWAN TOBACCO CONTROL



1

Reducing Tobacco Demand



Non-price Measures

Supporting Tobacco-free Environments

Active smoking and second-hand smoke exposure are seriously hazardous to health and have serious consequences on the society and economy. Nations of the world are aggressively promoting anti-smoking campaigns. These campaigns to control smoking hazard not only aim to reduce the population of smokers, but also strive to prevent the spreading of second-hand smoke hazards in public places, another significant item in their agenda. Hence, the Bureau of Health Promotion under the Department of Health dutifully enforced laws for the eradication of second-hand smoke hazards in public places and dedicated aggressive efforts in stemming its development from the bud. The Bureau campaigned to revise the public opinion on tobacco products and to turn school campuses, military camps, community grounds, and workplaces into tobacco-free environments in order to provide the public with a healthier environment free from the hazards of second-hand smoke.

Tobacco-free Campuses

Study on the Campaign for Tobacco Control in Health-Promoting Schools

Under the aim of providing school with an empirical intervention model and implementing the tobacco control programs within school campuses, the Bureau conducted an intervention study on the tobacco control and related health issues under the "Health-promoting School Certification and International Cooperation Program" implemented in 52 schools in 2011; strategies were defined pursuant to the six principal mainframes of health-promoting schools (health policies of schools, material environment of schools, social environment of schools, fostering of individual knowledge and ability, community relationship, and modification of medical service trends). Moreover, a questionnaire survey was conducted to determine the pre- and post-intervention effects. The main accomplishments of the program are as shown below.

- The elementary school intervention group accomplished a significant upgrade in terms of “knowledge about tobacco control” , “sense of self-efficacy with the tobacco control measures” , and “attitude towards tobacco control” .**

Item	Pre-intervention	Post-intervention	P-value
Knowledge about tobacco control	12.562	13.251	<0.001
Sense of self-efficacy with the tobacco control measures	41.133	42.329	<0.05
Attitude towards tobacco control	60.622	61.635	<0.05



2. The senior high school intervention group accomplished a significant upgrade in terms of “knowledge about tobacco control” , “ability to distinguish tobacco product ads or media” , and “sense of self-efficacy with tobacco hazards control measures.”

Item	Pre-intervention	Post-intervention	P-value
Knowledge about tobacco control	9.201	9.634	<0.001
Ability to distinguish tobacco product ads or media	44.231	45.064	<0.05
Sense of self-efficacy with the tobacco control measures	37.704	39.283	<0.001
Attitude towards tobacco control	44.927	45.479	0.137

Training of smoking cessation education seed instructors for junior high schools and senior/vocational high schools

As provided in the School Health Law and *Tobacco Hazards Prevention Act*, a total smoking ban shall be imposed on of primary and secondary school campus. Moreover, regulations of the *Tobacco Hazards Prevention Act* prohibit minors under the age of 18 from smoking and individuals are not allowed to supply any tobacco product to minors under 18. Under the "Enforcement Rules of the Smoking Cessation Education Program" of the *Tobacco Hazards Prevention Act*, schools are obliged to hold smoking cessation orientation classes for smoking students under the age of 18, thereby allowing students to avail of the "anti-smoking and say ‘no’ to smoking" campaign information and knowledge of methods for kicking the habit. Minimum duration of orientation shall be three hours, and students caught smoking again shall be made to attend more orientation hours.

In the 2011 "Global Youth Tobacco Survey" , senior and vocational high school students posted a smoking rate of 14.7% (males 20.3% and females 8.1%). A comparison with the smoking rate of 14.8% (males 19.6% and females 9.1%) posted in 2009 indicated that the smoking population rate of senior and vocational high school students are slightly repressed; in fact, more than 60% of them indicated the intent to quit smoking. On the other hand, junior high school students posted a smoking rate of 7.3% (males 10.5% and females 3.7%); however, in 2010 the smoking rate was 8.0% (males 11.2% and females 4.2%), that is, likewise posting a slight reduction. Around 50% of them indicated the intent to quit smoking; hence, providing smoking cessation education program to smoking students, regardless of the legal aspect or the requirement of actual circumstances, has now become imperative.

For this purpose, the Bureau of Health Promotion implemented the "Training Program for the Campus Smoking Cessation Education Seed Instructors" in the hope of training more smoking cessation education seed instructors for junior high schools , and senior/vocational high schools and making it



© Seed Instructor Resources of the Campus Smoking Cessation Education Program – Experience Sharing of Smoking Cessation Education Program Instructors



© Training Seminar of the Seed Instructor Resources of the Campus Smoking Cessation Education Program

possible to conduct follow-through counseling and provide answers to student inquiries through the seed instructor resource. It is hoped that the spirit of experience sharing could bolster more energy to the smoking cessation movement of students and assist school campuses in implementing diversified smoking cessation services for the construction of tobacco-free campuses (schools).

In the "Training Program for the Campus Smoking Cessation Education Seed Instructors" of 2011, 183 trainees attended the beginner class and 54 attended the advance class; that is a total of 237 trainees. Prior tests and post tests were conducted to assess the trainees' professional background and skills on and attitude towards smoking cessation education and their self-efficacy of the smoking cessation education program. Analysis of the test scores revealed statistically significant differences; over 90% of the participating trainees agree that the "Training Program for the Campus Smoking Cessation Education Seed Instructors" is beneficial to the organization of smoking cessation education for students (Table 1-1), an indication that the educational intervention of the training program could enhance the professional skills and attitude of smoking cessation seed instructors and their sense of self-efficacy with the education program.

In the future, we shall continue to work together with the Ministry of Education in organizing the campus tobacco control sampling inspection procedures, continuing the recommended training for the smoking cessation education seed instructors of schools located in various counties and cities, expanding the scope of campus tobacco control promotional activities, building a tobacco-free campus environment, and implementing the smoking cessation education and related measures for the enhancement of the campus tobacco control work through the defined specific quantitative target, counseling, and evaluation procedures.

Table 1-1 Impacts of Participation in the "Training Program for the Campus Smoking Cessation Education Seed Instructors" on the Implementation of Smoking Cessation Education for Students

Impacts of Participation in the "Training Program for the Campus Smoking Cessation Education Seed Instructors" on the Implementation of Smoking Cessation Orientations for Students (%)					
Subject Matter	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
1. The achievements report of the training program may aid the future implementation of smoking cessation education.	31.8	63.5	4.7	0	0
2. Follow-through counseling sessions conducted by the research team after the initial training may help me solve problems during my smoking cessation education work.	32.9	63.5	3.5	0	0
3. Smoking cessation texts or materials provided during the training course may help me in my future smoking cessation education work.	57.6	42.4	0	0	0
4. The smoking cessation behavior indices provided during the training course may help me evaluate efficacy of the smoking cessation.	43.5	56.5	0	0	0
5. Generally speaking, participating in the "Training Program for the Campus Smoking Cessation Education Seed Instructors" is helpful to my future smoking cessation education work with the minors.	51.8	48.2	0	0	0
6. In the future, if the respective counties and cities would be able to establish the smoking cessation counseling groups, this training could help me organize my smoking cessation education sessions.	52.9	44.7	2.4	0	0
7. I will take part in the future smoking cessation education program organized by the counties and cities for the minors.	37.6	55.3	7.1	0	0
8. I will take part in the future smoking cessation educational tours of counties and cities organized for the minors.	40.0	55.3	4.7	0	0



The Tobacco Control Campaign in College and University Campuses

As provided in the *Tobacco Hazards Prevention Act*, smoking is totally prohibited in all indoor premises of colleges and universities; moreover, smoking is allowed only in the designated outdoor smoking zones. Where no smoking zones have been designated, smoking shall be totally banned. According to the 2010 "Survey on the Smoking Behaviors of College and University Students and Faculty Members" , 7.6% of college and university students are smokers, 10.1% of the faculty have smoked in the past seven days, and second-hand smoke exposure of students in school campuses reached as high as 57.6%. It is apparent that there is still a lot of room for improvement in the tobacco control measures implemented in the college and university campuses; hence, the Bureau commissioned the organization of the "Tobacco Control Campaign for College and University Campuses" . The campaign plans to enhance the students' understanding of tobacco hazards control related knowledge and skills through the tobacco control seminar and training programs of colleges and universities and at the same time propose specific campaign objectives and directions pursuant to the particular status quo of the tobacco control measures implemented in colleges and universities for the construction of a tobacco-free environment for colleges and universities.

In 2011, 448 trainees from eighty-five colleges and universities participated in the "Campus Tobacco Control Campaign Program" which assisted forty-four colleges and universities in proposing the specific campaign objectives and directions pursuant to the status quo of their tobacco control measures. The program also promoted and implemented the "Realization of Campus Tobacco Control Proposal" which covered six major issues - the definition of public policies for campus tobacco control, construction of a supportive environment, enhancement of community action, development of individual health skills, redefinition of the health services, and diversification of creative marketing plans.

A counseling visitation tour is organized in spring and fall of the year. The counseling visitation group, mainly composed of experts, scholars, and personnel of the city and county health bureaus, took a tour around forty-four colleges and universities twice to study and inspect the campus conditions.

Salient points of the counseling visitation tour:

1. Definition of the public policies for campus tobacco control: The top administration of colleges and universities supported and planned the implementation of cross-departmental and cross-office integration, and thus, organized the "tobacco-free campus (school) implementation task force" that shall study and define related the implementation plans addressing the tobacco hazards problems in school campuses.
2. Construction of a supportive environment: Easily visible stickers prohibiting smoking shall be posted and sale of tobacco products in campus stores shall be prohibited. The smoking zones in the campuses shall be maintained regularly, and number of smoking zones shall be gradually reduced through the years.
3. Diversification of creative marketing plan: Student-oriented diversified creative marketing plans (including posting of anti-smoking posters and appointment of smoking cessation guardians) shall be implemented. Original short films promoting tobacco control in the college and university campuses shall be produced, thereby taking advantage of the mass media exposure opportunities to elucidate on the efforts and innovations of the college or university in the campaign to control tobacco hazards.



© First Prize winner of the anti-smoking cartoon competition from Central Taiwan University of Science and Technology



© An entry in the tobacco control poster making competition from Ling Tung University

4. Enhancement of community action: Colleges and universities shall be urged to consolidate the tobacco control related resources of their respective departments and student clubs, the community healthcare offices, and the medical organizations and groups in implementation tobacco control information drives, realization of tobacco control policies, and integration and sharing of related resources.
5. Development of individual health skills: Course teaching, seminars and workshops shall be conducted to enhance the capacity of students to manage their own health and understand the messages being conveyed in the tobacco product advertisements, thus allowing students to make accurate judgments and identify the negative impacts of tobacco product advertisements, and thereafter take specific actions, such as opposing smoking or refusing to smoke.
6. Redefinition of the health services: Carbon monoxide tests and questionnaire surveys shall be conducted to obtain an accurate grasp of the population of smoking students. Information dissemination efforts shall be strengthened and smoking cessation clinic and intervention services shall be provided.



© An entry in the anti-smoking banner making competition of the Sunshine Club from National Kaohsiung University of Applied Sciences

Accomplishments of the "Realization of Campus Tobacco Control Proposal" campaign:

- Organization of "environmental protection guardians" and "patrol teams" advocating no-smoking lifestyles through the cooperation of 27 Sunshine Clubs and 21 colleges and universities
- Reduction number of college and university campuses with smoking zones from 20 to 18
- Integration of campaign concept into the military training or general education courses of 44 colleges and universities
- Promotion of the 101 student-created short films through TV walls and Internet channels
- Coordination of 30 medical institutions and 28 health bureaus, clinics, and health centers in organizing the carbon monoxide tests and smoking cessation education and counseling
- Incorporation of carbon monoxide tests in the new student health examination items of 24 colleges and universities and setting up of file records for subsequent follow-ups; organization of 24 diversified smoking cessation classes and thereby establishing a peer support power and concern relationship among participants; to date 110 smokers receiving counseling had stopped smoking and 432 had reduced smoking frequency.
- Collaboration in the organization of 43 tobacco-free activities discouraging people from smoking, such as World No Tobacco Day, Quit & Win, etc.

Following the intervention of the "Realization of Campus Tobacco Control Proposal", a markedly significant improvement was noted in the performance of the tobacco control related efforts of the participating colleges and universities. Moreover, 10 outstanding colleges and universities were selected among the participating colleges and universities; the accomplishment presentation and the awarding of outstanding performance awards were conducted on November 29, 2011. The Gold Medal Award went to Ta Hwa Institute of Technology for its unique campaign. Under the stalwart support of the university president, the designated smoking zone is engineered so smokers have to climb through a staircase to enter the zone. The inconvenience was aimed to reduce the smoker's inclination to smoke whenever they feel an urge. The Silver Medal Award went to two universities - Southern Taiwan University of Science and Technology and National Formosa University. Under the full support of the university president, Southern Taiwan University of Science and Technology organized a cross-departmental cooperation for the creation of a microfilm and a variety of promotional materials, which may serve as an example of promotional model for technical college or vocational high school campuses. On the other hand, National Formosa University consolidated university resources with the community anti-smoking campaign launched by the local health authorities in an effort to implement a tobacco-free campus drive; moreover, National Formosa University established a tobacco-free room-for-lease information network



in the university website homepage to provide students looking for lodging with the option to choose a tobacco-free environment free from second-hand smoke. It gradually promoted the inclusion of the tobacco-free room-for-lease information network platform in the websites of other colleges and universities.

Tobacco-free Military

The Adult Smoking Behavior Survey conducted in 2011 revealed a 33.5% smoking rate among adult males; the rate of 18- to 20-year old age bracket is 12.9%, whereas the rate of 21- to 25-year old age bracket is 33.2%. These are the age brackets in which young men in Taiwan are serving military conscription; hence, effective from 2004, the "Integrated Tobacco and Betel Nut Hazard Plan for Military Camps" was launched in collaboration with the Ministry of National Defense targeting military conscripts serving in the Recruit Training Center and students of military academies. Through policy and environmental regulations, health education and information dissemination, and smoking cessation measures and services, the campaign aimed to prevent military officers and soldiers from starting a smoking behavior and to keep them safe from second-hand smoke exposure hazards. The campaign also aimed to increase the smoking cessation rate among smokers in the military and through proper monitoring and research, to monitor and assess the tobacco control efforts conducted in the military sector. Salient points of the campaign are as follows:



© Tobacco control campaign and information dissemination seminars for tobacco-free military camps

1. Policy and environmental regulations:

A total of 24 new tobacco and betel nut hazards control policies were regulated for the military sector in 2011. Moreover, under the new regulations of the *Tobacco Hazards Prevention Act*, all indoor smoking zones in military facilities were abolished and a total smoking ban was strictly imposed in all indoor premises. At the same time, the planning and administration of smoking zones were strengthened, and regular inspection procedures were implemented. Moreover, related reports and suggestions received were given proper treatment.

2. Health Education and Information Dissemination:

In 2011, 2,830 bulletin boards dedicated to tobacco and betel nut hazards control operations were established in military camps and 585 seed instructors of tobacco and betel nut hazards control were trained. Training sessions were expanded to 1,414 sessions, and a total of 203,773 person-times attended the sessions. Activities such as prizes for answers, basketball meets, slogan making contest for the campaign drive, four-column cartoon making competition, and education and information promotion image designing contest were held; moreover, military media channels, such as Youth Daily News, Army Educational TV Programs, and websites, were used in realizing the information dissemination campaign.

3. Smoking cessation measures and services:

In 2011, a total of 428 doctors received the smoking cessation training program and opened smoking cessation clinics in the primary medical units. These smoking cessation clinics provided services to 20,093 patients. Moreover, smoking cessation classes were held in cooperation with local health centers and hospitals in an effort to proactively provide a diversity of treatment options to smokers wanting to quit the habit.



© Military personnel taking the carbon monoxide test

4. Monitoring and research:

In 2007, the entrance/exit survey platform for the smoking behaviors of military academy students and Recruit Training Center was constructed. It enabled the implementation of a normal survey on military academy students and reserve officers and personnel for an understanding of their smoking and betel nut chewing habits, thus making it possible to put to good use the invested resource and the performance rating system. Furthermore, a follow-up survey conducted in 2010 on 14,685 new recruits revealed that by the time the recruits were out of commission in 2011, the smoking rate of the batch dropped from 39.2% to 38.6%, an indication that the tobacco control measures implemented in the military are gradually accomplishing results (Table 1-2).



© Tobacco control campaign and information dissemination seminars for tobacco-free military camps

Table 1-2 A Comparative Monitoring Entrance/Exit Survey Table of the Smoking Behaviors of Military Personnel in the period from 2006 to 2011

	Year	Total Population	Smoking Population	Smoking Rate (%) (Adjusted Value)
A comparison of the entrance/exit survey statistics in the period from 2006 to 2011	2006 Entrance Survey	17,186	8,349	48.6
	2007 Exit Survey		8,274	48.1
	2007 Entrance Survey	15,577	6,730	43.2
	2008 Exit Survey		6,770	43.5
	2008 Entrance Survey	4,652	1,798	46.1
	2009 Exit Survey		2,092	48.2
	2009 Entrance Survey	11,087	4,749	44.1
	2010 Exit Survey		4,244	39.5
	2010 Entrance Survey	14,685	6,162	39.2
	2011 Exit Survey		5,521	38.6

Remarks:

The entrance/exit data comparison employed the ID numbers obtained from the military personnel in service during the survey year and the ID numbers of previous year new recruits of the Recruit Training Center. A comparison of the 2010 and 2011 entrance/exit survey data would show that a total of 14,685 military personnel had actually filled out the survey questionnaires during the entrance/exit survey; an understanding of the smoking rate of in-commission personnel and out-of-commission personnel was obtained through this sample batch.



Tobacco-free Communities

The five key action guidelines of the Ottawa Charter for Health Promotion were incorporated into the framework of the campaign which promoted the implementation of the following programs: construction of a distinctive and creative tobacco-free community, search for local opinion leaders, establishment of related community pacts, construction of a local supportive environment, training of community volunteer workers, implementation of related health-building policies and procedures, and adjustment of service directions and procedures. These efforts aimed to realize a bottom-up community consciousness and empowerment concepts. In 2011, "101 tobacco-free community programs" were implemented in the northern, central, and southern counties and cities. After a program review conducted by a committee of experts, they jointly recommended one particular community implementing distinctive and innovative measures in its campaign as an experience sharing model:

The Luodong Township Health Center of Ilan County was able to clearly grasp the conditions of the community resources and health conditions of the town residents. Moreover, it integrated resources, organized an implementation team or group, and implemented strategies compliant to the five major health-promoting action guidelines. Through the consolidated efforts of the town mayor, town representatives, and volunteer workers, community workers were mobilized and volunteer workers were utilized to implement the community pact to prohibit smoking. Loving care stores were established within 500 meters of school campuses for the collaborated implementation of the policy to desist from selling tobacco products to teens under the age of 18; a total of 40 stores were established. Moreover, the township established tobacco-free tourist recreation parks in the Luodong Sports Park and the Luodong Forestry Culture Park in order to construct a tobacco-free environment.



© Liberty Times, Aug. 2, 2011



© Tobacco-free community - Carnival of the Tobacco Control Promotional Campaign



© China Times, Aug. 2, 2011



© Fortune Daily News, June 17, 2011

Tobacco-free Workplaces

In the lives of many working people, around a third or even more of their daily hours are spent in workplaces, and thus, it may be said that the workplace is an important site for implementing tobacco control and health fostering measures. If measures may be able to achieve excellent results through the systematic planning and implementation in workplaces, families and communities will benefit more from the program.

In 2003, the Center for Workplace Health Promotion and Tobacco Control was established in each of the northern, central, and southern regions of the country. Through the counseling and assistance of these centers, related counseling information services and educational training programs catering to the particular requirements of workplaces had been provided. Moreover, the workplace tobacco control and hygiene & healthcare service network was established, and starting from 2007, a self accreditation system for health-promoting workplaces was implemented nationwide. In 2008, in line with the new regulations of the *Tobacco Hazards Prevention Act*, the total smoking ban imposed on all indoor workplaces was included in the certification criteria. Excellent health-promoting workplaces were commended to encourage the implementation of tobacco-free workplaces and health-promoting measures

Implementation of the self accreditation of health-promoting workplaces started in 2007, and through the counseling and assistance of professional teams, workplaces were provided with tobacco control and health promotion related counseling services and educational training programs. Moreover, service networks were constructed to build a health-promoting work environments in workplaces and to foster the health and well-being of employees. In response to the new regulations of the *Tobacco Hazards Prevention Act* implemented in 2009, a workplace occupied by three or more persons was regulated to prohibit smoking, and majority of the workplaces aggressively formulated related strategies in the hope of providing safe and comfortable tobacco-free workplace environments, such as, organization of smoking cessation classes, smoking cessation counseling lectures, carbon monoxide test, smoking cessation poster exhibit, adding smoking cessation clinics into corporate health clinics, anti-smoking declarations in offices, and experience-sharing forums for the employees who successful quit smoking.

For further details on the self accreditation related information for health-promoting workplaces, please refer to the health-promoting workplace information network: <http://health.bhp.doh.gov.tw>



© Taking an Oath to Promote a Tobacco-free Environment



© Lectures Given by Physicians



In the period between 2007 and 2011, a total of 7,411 workplaces passed the health-promoting workplace self accreditation validation (Fig. 1-1). Moreover, in 2011, professional counseling teams were assigned to provide counseling assistance to 172 workplaces and 6 professional trade unions or industries in an aggressive move to implement the health promotion and tobacco control measures, and during the period, 1,888 workplaces passed certification. Moreover, regular maintenance and upgrading of the health-promoting workplace information network were sustained to provide new information updates and anti-smoking information, as well as free downloading of complimentary smoking cessation promotional items; around 460,000 viewers had visited and viewed the website. Furthermore, a journal about excellent health-promoting workplaces in the country in 2011 was published; 40 of these workplaces had been selected as outstanding health-promoting workplaces which implemented health promotion and tobacco control measures during the site assessment and reviews of experts.

For a better understanding of the results of the tobacco-free workplace promotion campaign after the implementation of new regulations of the *Tobacco Hazards Prevention Act*, in 2011, a health-promoting work environment status quo survey was conducted on full-time employees of ages 15 years and higher in various workplaces around the Taiwan region. The survey revealed a workplace smoking rate of 16.9% (a 0.4% decrease against the rate posted in 2010) with males comprising 30.2% and females comprising 2.9%. Rate of indoor workplaces where a total smoking ban is implemented is 83.8% (a slight 0.3% decrease against the rate posted in 2010). It is apparent that even after the implementation of new regulations of the *Tobacco Hazards Prevention Act* in 2011, there is still a need for enhanced intervention in the tobacco control measures implemented in workplaces in order for the program to continue making inroads and to protect more employees from the second-hand smoking hazards, and at the same time, provide them with healthier environments. For historical records of the results of the tobacco hazards survey conducted in workplaces; see Fig. 1-2 and Fig. 1-3.



© 5.31 World Tobacco Free Day



© Organization of Smoking Cessation Classes and Implementation of CO Test

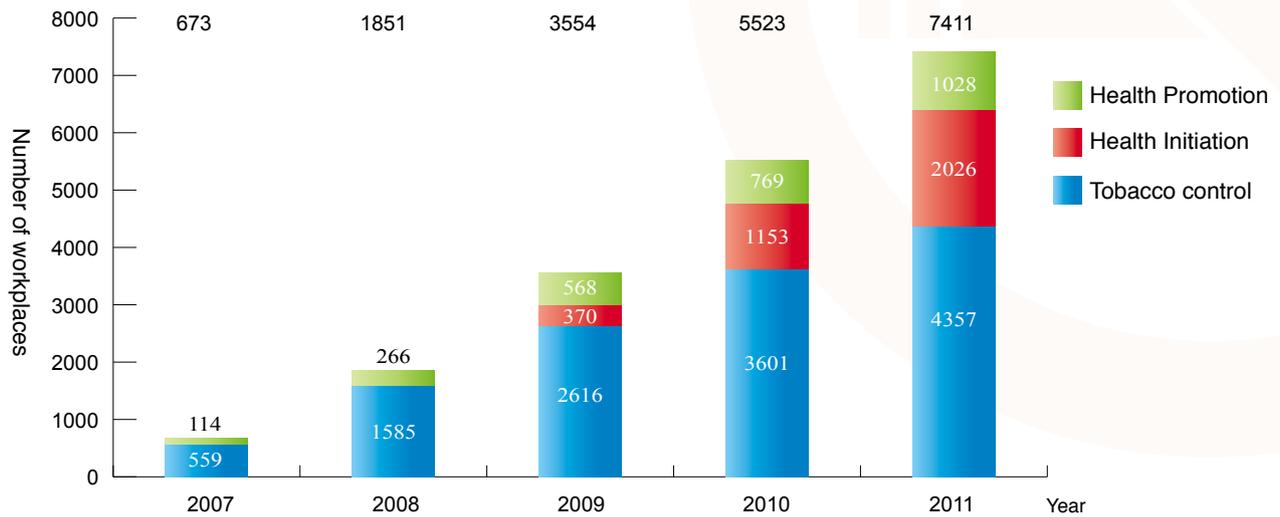


Fig. 1-1 Cumulative Number of Workplaces Passing the Self-certification Accreditation Assessment in the Past Few Years

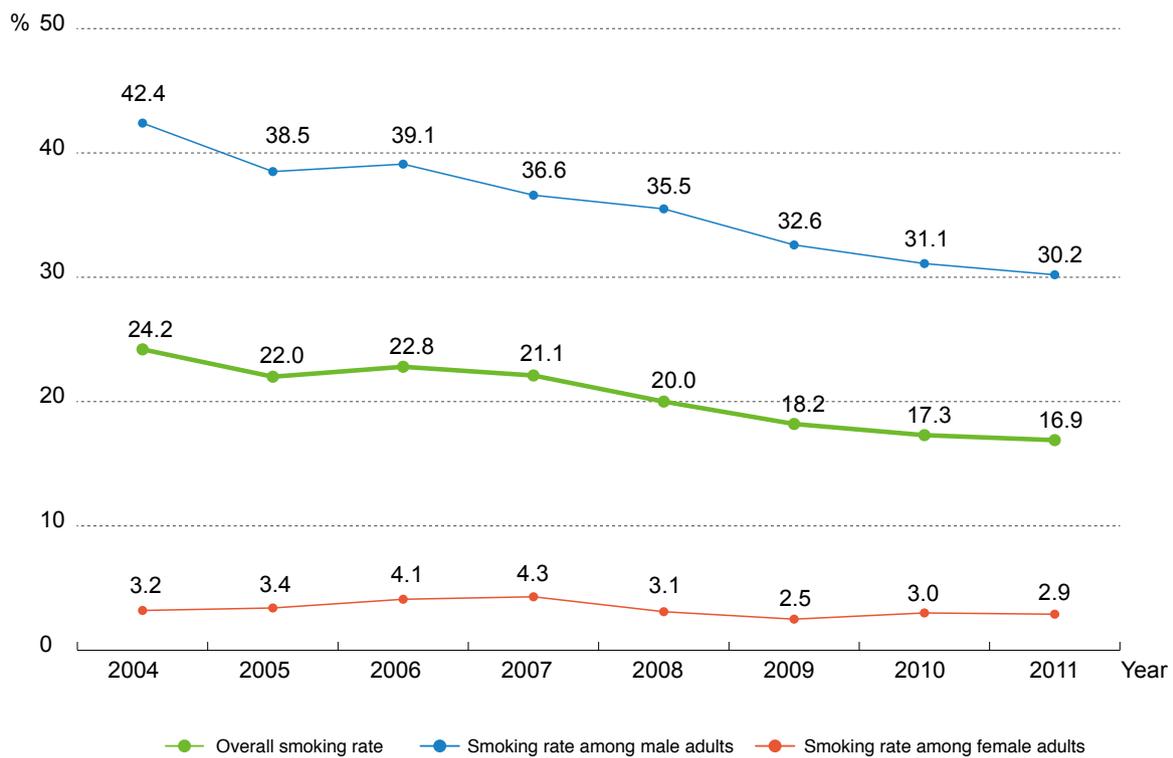


Fig. 1-2 Historical Trend of the Annual Smoking Rate

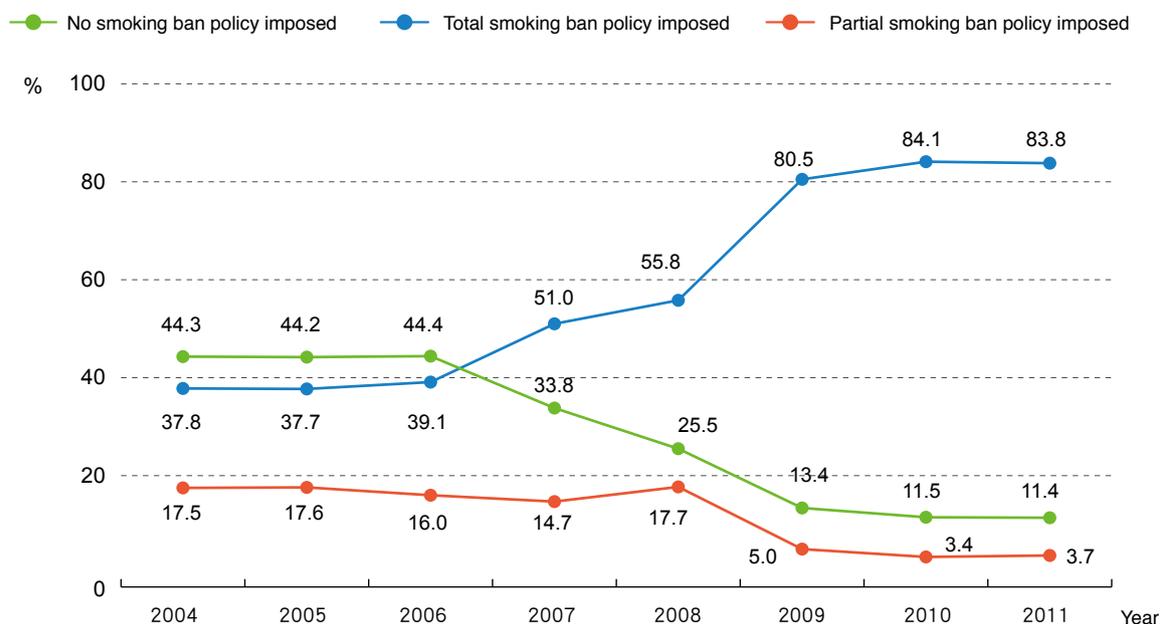


Fig. 1-3 Historical Development of the Smoking Ban Policies in Workplaces

Tobacco-free Hospitals

The European Network of smoke free Hospitals (ENSH) was founded in 1999. It became a global network, ENSH-Global Network for Tobacco-free Health Care Services, since 2009. By year 2011, the network had 24 participating countries and around 1,500 participating hospitals. Taiwan joined the network in 2011 as its 25th member country and established the first network in the Asian-Pacific region. As of year 2011, 53 hospitals in Taiwan had joined the network. The definition of "tobacco-free hospital" according to the global network likewise implies the following: Commitment, Communication, Education Training, Identification & Cessation Support, Tobacco Control, Environment, Healthy Workplace, Health Promotion, Compliance Monitoring, and Policy Implementation.



© Observation Tour of Foreign Experts at a Tobacco-free Hospital

32 Hospitals Meeting the Standards for Gold Level Award Eligibility

The *Tobacco Hazards Prevention Act* is enacted in 1997 and amended in 2009. Under the amended law, a total smoking ban shall be imposed in all hospital premises. The medical care system of Taiwan is not only capable of providing high quality medical care and services, but also holds patients and their family members, workplace employees, and health fostering work in high regard. Taiwan established the first health-promoting hospital network in Asia in year 2006. To date, the network is comprised of 67 participating hospitals; thereafter, following the establishment of the first Asian-Pacific regional network of the Global Network for tobacco-free Healthcare Services in 2011, 53 hospitals had joined the network, 32 of which had met the standards for Gold Level Award eligibility.

The Bureau of Health Promotion of the Department of Health organized the "Tobacco-free, Quality, Quality and Innovation" International Conference at the International Convention Center of National Taiwan University Hospital on August 16-17, 2011. Experts from Austria, Germany, Ireland, and Spain were invited to impart their experiences to the delegates. Salient points of the conference agenda included: 1) the application of health-promoting hospital evaluation, research, and discoveries to the realization of tobacco-free hospitals; 2) review process and development of the Gold Level accreditation for tobacco-free hospitals; 3) introduction of the internal and independent expert review process; 4) experiences of health professionals in the implementation of tobacco control work; 5) from theory to practice – incentive tools and implementation strategies; 6) accomplishment of tobacco-free healthcare environments through organizational restructuring. The conference not only enabled us to acquire deeper insights into the experiences of other countries, but also provided a channel for sharing the success cases achieved by the medical institution in Taiwan. Moreover, it is hoped that the exchange of domestic and foreign experiences would be able to help the promotion of the tobacco-free hospital accreditation system in the Asian region.

Teamwork and Spontaneous Concern

Following a competitive validation and onsite visiting of the 53 participating hospitals, five hospitals were awarded the highest ratings; namely, Jianan Mental Hospital of the Department of Health, St. Martin De Porres Hospital, Taiwan Adventist Hospital, Cathay General Hospital, and Taiwan Landseed Hospital. Among hospitals specializing in the field of psychiatry, Jianan Mental Hospital was granted the highest rating points.



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© Taiwan joins the "ENSH-Global Network for Tobacco-free Healthcare Services"



Excellent Hospitals	Award-winning Characteristics
Jianan Mental Hospital of the Department of Health	<ol style="list-style-type: none"> 1. The hospital achieved the highest score among monographic hospitals. 2. The superintendent himself converted all the patients and families to welcome tobacco-free environment rather than leading patients to designated outdoor smoking area. They encourage all the staff, patients and neighborhood community to fulfill tobacco-free environment. 3. Motivate patients becoming the “Cessation Ambassador” to promote tobacco-free concept . 4. Moreover, engaging some patients’ talents to decorate wall painting with tobacco-free illustration. 5. The most important thing is to implement tobacco-free policy efficiently and full of tender, loving and care.
St. Martin De Porres Hospital	<ol style="list-style-type: none"> 1. The hospital locates in the relatively remote area where smoking rate is higher than the average. They therefore mobilize all the team members to stop smoking as the role model for their local patients. 2. Equip “Auntie tobacco-free” with mobile garbage can to advise smokers in a gentle but dignified way in the hospital. 3. The reminding system in outpatient and hospitalization charting operation help check the smoking status of each case, then refer the smokers to nursing care personnel for further cessation services.
Taiwan Adventist Hospital	<ol style="list-style-type: none"> 1. Taiwan Adventist Hospital started the cessation services since 1965 when tobacco control was still on an embryonic stage. The hospital is famous for its health promotion concept and realizing the concept into treatment activities. 2. Their team help cessation not only for clinical patients and neighborhood community, but they have assisted health professionals all over the country with their heartfelt, enthusiastic willingness. 3. They provide various types of cessation help like NRT, group therapy, behavior counseling, quit line and one on one consultation etc. The success rate for group cessation therapy class reaches as high as 50%.
Cathay General Hospital	<ol style="list-style-type: none"> 1. The outpatient and inpatient computerized automatic reminder system identifies and records the smoking history of hospital patients. 2. Spontaneous concern and smoking cessation assistance; implementation of a cross-departmental smoking cessation clinic services to inpatients. The service has won the symbol of national quality.
Taiwan Landseed Hospital	<p>The outpatient computerized automatic reminder system included the “smoking cessation related information” to bolster the physician order entry system, thereby enabling doctors of different departments to directly issue or refer issuance of medicines for smokers quitting smoking. At the same time, the hospital provides health orientation and care programs for smokers quitting smoking.</p>



© Onsite visit tobacco-free hospitals for a counseling observation tour.



© A counseling observation tour at a tobacco-free hospital

Graphic Warning

Containers of tobacco products are designed as an advertising or marketing tool itself; hence, Article 11 of the WHO Framework Convention on Tobacco Control required all signatory countries to regulate the printing of health hazards warning messages on tobacco product packaging (with a recommended coverage of 50% or more of the packaging area or at least 30%). The Taiwan *Tobacco Hazards Prevention Act* passed in 1997 merely regulated the requirement of printing health hazards warning labels on tobacco product containers; however, these messages had no warning effect on the smokers. Thereafter, the Department of Health successfully pushed for the amendment of the *Tobacco Hazards Prevention Act*, and in the amended Article 6, it is regulated that in addition to the warning messages, hazard warning pictures or images and related information for smoking cessation shall be printed on the front and back sides of tobacco product packaging, covering at least 35% of the surface area. Today, around 42 of the 176 signatory countries of the WHO Framework Convention on Tobacco Control are implementing the printing of tobacco warning labels on tobacco product packaging regulation. Taiwan is the 21th country to implement the warning label regulation on cigarette box packaging; however, in terms of label size, Taiwan only ranked no. 35.

In the period of the law amendment process, organizations having related backgrounds and operations were requested to rate the effects of the warning labels printed on tobacco product containers, to collect the health hazards warning methods employed in significant countries, and to design the health hazards warning labels which suit the sentiment and circumstances of the country. The design concept incorporated the consequential organ diseases of smoking (lung cancer, heart diseases, oral diseases, or reproductive organ dysfunction), hazards to the embryo, deterioration of physical appearances (appearance of teeth), and hazards of second-hand smoke to the family's health. Moreover, language experts from the Academia Sinica, medical sector, and advertising and design sector had been invited to provide professional opinions on the labels before selection of the six official warning labels was finalized.

In an effort to revise the six tobacco warning labels warning printed on tobacco product packaging, an open solicitation for the "tobacco warning label development project" was organized in the 2009-2010 period, allowing the compilation of domestic and foreign tobacco warning label related articles and references. Through an Internet essay writing and viewer voting procedure and a series of focus group and expert conferences, eye-tracking test, and questionnaire rating surveys, the campaign finally developed 12 tobacco warning labels, such as labels indicating functional disabilities, second-hand smoke hazards, deterioration of complexion and physical appearances, fetal deformations, health hazards, etc. As for the implementation performance of and arrests made pursuant to the new regulations of the *Tobacco Hazards Prevention Act*, in the 209,235 audit procedures on the warning labels on tobacco product containers conducted by the public health bureaus of the respective cities and counties in 2011, only one violation was discovered and fined. Moreover, in the 105,432 audit inspections conducted by the public health bureaus of the respective cities and counties on the tobacco product labels and displays at tobacco product vending facilities, 40 violations were discovered and fined; total fines amounted to NT\$ 305,000.

The EU started promulgating the hazards warning labels for tobacco products in September 2002 for the use of its member-states. While attending the WHO Convention in May 2011, Director-General Chiu Wen-Ta met with the EU delegates who expressed their willingness to license Taiwan the use of



© Tobacco Warning Labels on Tobacco Products



© Warning information at point of sale for tobacco product



EU developed health warning images (37 in all) on the tobacco product containers. Information was conveyed to the Department of Health and the European Commission Directorate-General for Health and Consumer Protection (or SANCO for short) through the country's representative office in Geneva for future transaction liaison. Following the official letter of Bureau of Health Promotion to SANCO in June, the Ministry of Foreign Affairs, in August, requested its representative office in the EU to communicate with SANCO and in September, Ministry of Foreign Affairs issued an official letter advising the willingness of the EU to license Taiwan to use the aforementioned health hazards warning images for tobacco products. Moreover, the EU provided a sample of the previous license agreement documents it had signed with seven other countries for the reference information of the bureau.

The "Cigarette Box Health Warning Image Authorization Agreement" was formulated and finalized through the cross-departmental cooperation of the Ministry of Foreign Affairs, overseas diplomatic representative offices in Europe, and the Bureau of Health Promotion of the Department of Health and after a collaborating negotiation with the EU, the agreement was signed on May 24, 2012. Its establishment made Taiwan the 10th country in the line of licensee countries authorized to use the EU cigarette box health warning images. The agreement was also the first official agreement executed between the health authority of Taiwan and the EU.

Promotion and Training

Upon the implementation of the expanded smoking ban policies of the *Tobacco Hazards Prevention Act* on January 11, 2009, a total smoking ban was imposed on indoor public places, restaurants and bars, shopping malls, workplaces, and mass transportation systems. Results of related surveys conducted in the past two years indicated a 90% public knowledge of these no-smoking places and tobacco-free environments; apparently, the smoking ban policies have become an integral part of the people's lifestyle and normal living regulations to be observed. The concept of tobacco-free environments rejecting the presence of tobacco hazards is gradually turning into a social consensus. Employment of multimedia channels and dissemination of campaign information to the public launched in time with the tobacco control campaign further strengthened tobacco hazard education, encouragement of smoking cessation, and utilization of smoking cessation services, thus allowing the seeds for tobacco-free environments to continue to germinate and grow under nurture of a concerted social effort.

Tobacco Control Promotion and Accomplishments

Campaign promotion work: The 2011 campaign was mainly themed on the promotion of anti-smoking supportive environments, smoking cessation services, and tobacco hazards education through TV advertisements, radio advertisements, and multimedia. Solicitous reminders for individuals with varying smoking behaviors to quit smoking were aired through the soft approach of family concern and smoking cessation experience testimonies of popular entertainers; moreover, calls were issued urging the public to pay a serious regard to the hazards of smoking and second-hand smoke. Furthermore, a special plan was made catering to the young girls and the laborers having smoking behaviors. Anti-smoking creative work selection for the young set had been launched. Moreover, inter-college or inter-university anti-smoking campaigns were promoted through cartoon design contest, TV, radio, newspaper, and



© 2011.10.25 Press Conference on "Step away from COPD, Stop Smoking and Save Your Health"

magazine media, Internet related activities and advertisements, outdoor TV walls, shopping district advertisements, ad media in public transportation, and public exposure to related activities. Information promotion was enhanced through the incorporation of the campaign theme into the people's lifestyle, thereby heightening the people's awareness for tobacco hazards and discouraging them from trying to smoke. The campaign also urged smokers to quit smoking. In addition, 500,000 "Quit Smoking Handbook" were printed and distributed to smokers through the public health bureau of local counties and cities, and follow-up concern calls were instituted to keep smokers who have signed a smoking cessation commitment card through the quit helpline.

The surveys conducted in August and November of 2011 respectively indicated that nearly nine-tenths (88.5%) of the public felt an improvement in smoke-free environments after the implementation of the anti-smoking policy. The intensive media promotion of the smoking cessation campaign enhanced the popular association of smoking and second-hand smoke with health hazards (86.6% → 88.2%); moreover, the rate of people getting reminded to quit smoking also increased (50.3% → 52.2%). An increase was also noted in the rate of smokers getting an urge to quit smoking after seeing or hearing campaign promotion ads (46.5% → 47.1%). Furthermore, an average of two out of three persons interviewed were aware of the smoking cessation assistance services provided by the government (69.7%), an apparent indication of the significant effects of the tobacco control promotion campaign.

Starting from year 2011, a telephone survey has been conducted every August and November to understand the "Public Attitude to Health Promoting Issues Survey (Before and After Promotion)". The surveys indicated a marked or a marginal drop in the second-hand smoke exposure of public places after a promotional campaign has been launched (November); such as, on outdoor areas of business buildings (19.6% → 7.8%), parks (19.8% → 13.3%), night markets (10.0% → 2.4%), indoor and outdoor parking lots (6.8% → 1.9%), homes and doorways (13.0% → 4.3%), traditional markets (12.3% → 8.1%), temples (7.7% → 1.5%), and staircases (5.3% → 2.0%). In outdoor places where smokers more commonly smoke, a marked decrease in the second-hand smoke exposure rate was noted. Moreover, new regulations of the *Tobacco Hazards Prevention Act* redefined no-smoking places; that is, restricting smoking in indoor workplaces at the presence of three or more persons (5.7% → 3.9%), KTV or karaoke rooms (4.2% → 2.0%), and Internet cafes (3.4% → 0.9%), etc., a slight decrease in smoking was also noted in these places. However, a slight increase in the rate of smokers was noted in some minority cases, such as school grounds (1.7% → 2.6%) and restaurants (9.8% → 11.7%).



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Participation of the youth generation in Anti-smoking Activities

In an effort to enhance the tobacco hazards awareness and heighten the self-efficacy of the anti-smoking campaign on the young generation, the bureau had aggressively integrated media and school campus resource in the past few years to encourage students to participate in anti-smoking drives and anti-smoking campaigns; for instance, the "Anti-smoking Image Designing Competition for College and University Students" , the "Throw Away that Cigarette" image designing competition of 2004, the "Tobacco Hazards Control Creative Instruction Method Competition of 2005" , and the "Throw Away that Cigarette" anti-smoking design competition of 2006.

In 2011, Shih Hsin University was commissioned to organize the "Anti-smoking Lifestyle Design Contest" . The contest was held together with a series of campus activities. Centered on the theme of "tobacco hazards, reject smoking, and quit smoking" , the contest aimed to gather creative ideas of young minds through "graphic designs and posters" , "original short films" , and "Anti-smoking innovation proposals".

The "Anti-smoking Lifestyle Design Contest" was promoted through a series of activities in school campuses around Taiwan, websites, the YouTube and social media. Moreover, the mobile phone game, Angry Bird, was adapted for a real-person game in school campuses, providing students with huge, play-safe slingshots that they may shoot at cigarette boxes for fun. Students also displayed their creative ideas. Schoolmates or even instructors with smoking behaviors were invited to don tobacco product suits and stand as slingshot targets as a way of saying "No" to second-hand smoke. In this anti-smoking campaign, the voluntary participation of students and the spate of university campus activities not only started heated arguments on the topic around the university campus, the novelty and participatory nature of the activities had attracted the participation of quite a number of students. They captured the events and uploaded them into a number of video websites for viewing, creating a wave of interest in the Internet and fostered the establishment of a tobacco-free mentality into a new habit and attitude for living.

The promotion of the series of activities through the nationwide school campuses gathered the avid participation of 722 contest entries from the various colleges and universities and senior and vocational high schools. Among the 722 entries, 631 were for the "Graphic Design and Poster" category, 65 were for the "Original Short Film" category, and 26 were for the "Anti-smoking Innovation Proposal" category. Not only did the number of entries set a new record high, but the creative amateur students' works also awed



© Gold Medal Award winner of the "Graphic Design and Poster" competition: "Collapse of the Lungs"



© Silver Medal Award winner of the "Graphic Design and Poster" competition: "Shen Chia-Yi, do you smoke?"



© Honorable Mention Award winner of the "Graphic Design and Poster" competition: "Don't let your bones crumble too!"

the judges panel with their fine quality. They manifest a rising ardor and depth in the participative attitude and concern that the young people harbor for the tobacco hazards issue.

After a three-stage screening selection – preliminary, semi-final, and final screenings – the judges announced the following contest winners: for the "Graphic Design and Poster" category, the Gold Medal Award went to the artwork "Collapse of the Lungs", the Silver Medal Award to the artwork "Shen Chia-Yi, do you smoke?", and the Honorable Mention Award went to two artworks, "Tap the Cigarette Ash or Bone Ash?" and "Don't let your bones crumble too!"; for the "Original Short Film" category, the Gold Medal Award went to the artwork "An anti-smoking Life – Stacking High", the Silver Medal Award went to the artwork "Cigarettes are First-Class Contrabands", and the Honorable Mention Award went to two artworks, "Destiny and Opportunity" and "The Smart, Tobacco Free Lifestyle"; moreover, a winner was selected for anti-smoking innovation proposal, "Smoking Revolution". The proposals of the students later became part of the real campaign. In addition, in an effort to expand the reach of the promotion effects of the campaign, all entries of the "Graphic Design and Poster" and "Original Short Film" contest categories were uploaded into the "Anti-smoking Design Competition" Internet voting page of Facebook for Internet viewer voting. The entry with the most number of "like" votes was awarded the Facebook Popularity Award; that is, for the "Graphic Design and Poster" category, award went to the artwork "Stop Smoking" and for the "Original Short Film" category, award went to the artwork "The Smart, Tobacco Free Lifestyle".

In an effort to optimize the influence of the students' participation and winning artwork sharing in establishing the "tobacco hazards, reject smoking, and quit smoking" concepts of the anti-smoking lifestyle campaign as a new lifestyle movement among the young generation, we strategically selected the cradle of Taiwan's culture and creative industry – the Huashan 1914 Cultural and Creative Industry Park as the venue for the awarding ceremony and press conference of the "Anti-smoking Lifestyle Design Competition" held on November 17, 2011. A two-week exhibit show themed on the concept "anti-smoking lifestyle – the new subculture" exhibit was viewed by 1,200 visitors.



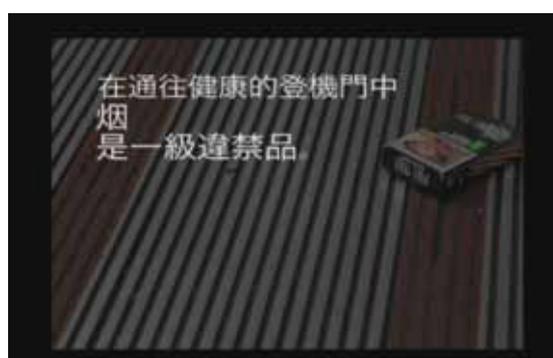
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© Anti-smoking Lifestyle Design Appreciation Press Conference



© Gold Medal Award winner of the "Original Short Film" competition: "An Anti-smoking Life – Stacking High"



© Silver Medal Award winner of the "Original Short Film" competition: "Cigarettes are First-Class Contrabands"



Tobacco Hazards Prevention Act Complaints Phone Line

In light of the heightening public awareness and rights consciousness on the hazards of second-hand smoke, a tobacco hazard complaint hotline was established in 2003 to provide the public with a channel for submitting tobacco hazard complaints. With the implementation of the new *Tobacco Hazards Prevention Act* on January 11, 2009, the government projected a downpour of inquiry calls on popular questions regarding the new regulations and a need to receive and process environmental second-hand smoke hazards complaints of the people. Hence, the government expanded the services of the 0800-531-531 tobacco hazards information and complaints hotline. Thereafter, any public complaint on a particular tobacco hazard case shall be processed to verify validity of complaint and thereafter forwarded to the respective jurisdictional local public health bureau office for review, processing, and response. Since 2009, the 0800-531-531 information hotline has entertained 27,187 calls; reported violation cases amounted to 4,986 cases (Table 1-3).

Moreover, since the public has now become more knowledgeable of the regulations of the *Tobacco Hazards Prevention Act*, statistics gathered in 2011 revealed that the tobacco hazard information and complaints phone line has received a total of 3,119 calls and information of 816 calls of the tobacco hazard complaints and violations reports received from the public had been uploaded into the case reporting system. Pursuant to the data statistics, majority of the inquiry calls were about the functions of the complaints phone line, the details of the *Tobacco Hazards Prevention Act* regulations, problems with and reporting of tobacco hazard at home, and suggestions to the tobacco control operations. Furthermore, the public also recommended that the Bureau enforce stricter tobacco control measures and the raising of health and welfare surcharge on tobacco products, thus bringing to surface the strong public concern for the enforcement of new tobacco control related laws and the raising of health and welfare surcharge on tobacco products.

Table 1-3 Annual Statistics of Tobacco Hazards Control Information and Complaints Service Line Cases Forwarded to the Local Public Health Bureaus

Item	Period	Calls Received	Reported Cases	Cases forwarded to the local public health bureaus	Cases Resolved	Invalid Reports
Old Act	2008	-	465	465	339	72
	2009	20,509	3,223	3,223	2,757	347
New Act	2010	3,559	947	947	848	81
	2011	3,119	816	816	785	22

Data source:

"*Tobacco Hazards Prevention Act* - Legal Service and Law Enforcement Officers Training Program", Bureau of Health Promotion.

Enforcement Personnel Training Program

The implementation of the *Tobacco Hazards Prevention Act* amendments in 2009 allowed the government to take a further step for the safeguarding of the nation's health against tobacco hazards. However, the proper and thorough enforcement of the laws is necessary for the realization of the objectives for which the *Tobacco Hazards Prevention Act* is legislated, and thus problems from varying interpretations of the law will not develop into conflicts between legal provisions, thereby allowing the law enforcement officers to become familiar with the law and to avoid committing errors in administrative

penalties that may consequentially end in disputes. Therefore, the following aspects shall be attended to ensure the proper enforcement of the *Tobacco Hazards Prevention Act*: legal system, specific case interpretations, foreign law case references, and training programs for law enforcement officers.

Hence, to enhance the understanding of new laws and amendments and to strengthen the law enforcement auditing capacity, the tobacco control enforcement officers of the county and city public health bureaus and centers were provided with two new training courses by DOH - the "basic legal system officer training" and the "advance legal system officer training" programs. The "basic legal system officer training program" mainly concentrates on the amendments of the *Tobacco Hazards Prevention Act*, its derivative laws, and enforcement applications of *Tobacco Hazards Prevention Act* to enable local law enforcement officers to accurately interpret and implement provisions of the *Tobacco Hazards Prevention Act*, implement legal administrative sanctions pursuant to the administrative evidence gathering procedures of the legal requirements, and forward or convey findings or results to the law enforcement officers of the respective local competent authorities. On the other hand, the "advance legal system officer training program" mainly concentrates on the amended provisions of the *Tobacco Hazards Prevention Act* and related regulations, *Administrative Procedure Act*, *Administrative Penalty Act*, administrative decision notice preparation and appeal, law enforcement practice and techniques, and through which assist the local competent authorities in acquiring the necessary research and implementation skills and ability to analyze legal problems, thereby allowing the faithful enforcement of the *Tobacco Hazards Prevention Act* provisions.

In 2011, 162 trainees had attended the four "basic legal system officer training" courses, whereas 72 trainees had attended the only "advance legal system officer training" course offered in the year. On the other hand, in an effort to understand what the trainees had learned from the courses and whether they would be able to apply the knowledge imparted in the classes in enforcing future tobacco control policies, a follow-up survey was conducted to assess the extent of the courses' contribution in enhancing the trainees' knowledge of tobacco control related laws and regulations, ability to distinguish the differences between the amended and the previous provisions, professional capacity to implement tobacco control work, and confidence in enforcing their duties and comprehension of the teaching materials. Majority of the trainees have expressed a high degree of satisfaction with the lessons on tobacco control law and regulation provided during the courses.

The training results indicated that under a well-organized training program, implementers of tobacco control enforcement work were able to acquire a sound knowledge of the *Tobacco Hazards Prevention Act* provisions and the ability to apply these provisions in practice. Moreover, the training program enhanced their understanding of the amended provisions of the *Tobacco Hazards Prevention Act* and its derivative laws and enhanced their knowledge and capacity to enforce these laws. It is apparent that the program substantially contributed to the law enforcement proficiency of tobacco control work implementers.



© Trainees attending the "basic legal system officer training" class



© Trainees attending the "advance legal system officer training" class



County and City Tobacco Control Exchange Workshops

The "2011 County and City Tobacco Hazards Prevention Practical Exchange and Training Workshops" was convened under the objective of gathering a general consensus for the fostering the tobacco control implementation work through local policies. The purpose of the workshop was to provide a platform for exchange and learning among the implementers working in 22 cities and counties and to consolidate a general consensus between central and local government agencies on the implementation of tobacco control policies, thereby enhancing the performance and results of the government's tobacco control policies.

In addition to strengthening the problem-solving skills and upgrading the operations background and campaign formulating related ability of the tobacco control implementers of local city and county public health bureaus, the "Experience Sharing & Training Workshop for Tobacco Control Campaign Implemented in Counties and Cities" also established a mutual exchange and learning platform between cities and counties. Two workshops had been held in northern and central Taiwan each; a total of 184 persons attended the workshops. In addition to exhibiting and awarding the outcomes of the tobacco control campaigns conducted in the respective cities and counties, several significant courses had been taught. Agenda of the northern Taiwan workshop sessions included a "report of the trends and status quo of international smoking cessation services" and the teaching of the multimedia marketing strategies and evaluation of

"tobacco control operations from the marketing perspective". Furthermore, the following experience sharing and case discussion session were held in the various localities: "smoking cessation training classes for healthcare personnel", "smoking cessation information services in community pharmacies", "planning of creative tobacco control campaigns", "inspection and arresting of tobacco hazards related violations". Agenda of the central workshop and experience-sharing sessions included: "promotion of tobacco-free environments", "strategies and procedures of smoking cessation services", "analysis and practical application of smoking behavior survey data", "training and employment of the seed instructor resources for the campus smoking cessation education programs", "principal aspects of the tobacco control program", "enforcement of tobacco control laws", and "law enforcement performance of local governments".

The active class discussion in each session had realized the true experience sharing and mutual exchanges. Moreover, a questionnaire survey was conducted on the trainees to obtain their self-evaluation of the workshop session agenda and arrangements. Furthermore, many of the tobacco control implementers working in local public health bureaus indicated that the workshop had boosted work efficiency, giving the workshop a 90% and higher satisfaction rating; they also indicated a hope that these workshops may continue to be provided in the future.



© Class participation of trainees of the Experience Sharing & Training Workshop for Tobacco Control Campaign Implemented in Counties and Cities

✚ Enforce Ban on Tobacco Advertising, Promotions and Sponsorships

Experiences of other nations indicated that tobacco manufacturers would often attempt to employ charitable events or activities to unwittingly expose the public to tobacco manufacturers and tobacco product related information. Hence, many countries have taken action to implementing policies banning tobacco product advertisements and marketing promotions.

Inspecting and Clamping Down on Illegal Tobacco Product Advertising

Article 9 of the *Tobacco Hazards Prevention Act* of Taiwan strongly prohibits the promotion of tobacco product sales promotion or the posting of any form of advertisement for tobacco products, such as, posting promotional advertisements in radio and television programs, movies, video films, electronic signals, the Internet, newspapers, magazines, billboards, posters, leaflets, notifications, announcements, reference manuals, samples, posted notices, displays, or in any other written or illustrated material, objects, or digital recording; or issuing marketing promotion articles in form of news interviews or reports for the introduction of tobacco product brands or the use of endorsements of famous personalities to establish tobacco product brands through promotion or association with similar or proximately similar brands or products; or selling tobacco products at discount rates or distributing them as complimentary or prize promotion items of other products or campaign activities. Moreover, it is prohibited to pack tobacco products together with other products in marketing packages, or to distribute or sell tobacco products in individual sticks, loose packs, or sheathed packages, or to organize tea parties, dinners, orientation seminars, taste-testing events, concerts, lectures, sports, or public welfare events, or other channels as marketing promotion tools for tobacco products.

In further expansion of their tobacco product consumer markets, tobacco manufacturers would occasionally post advertisements and organize sales promotion campaigns to market their tobacco products. Therefore, in protection of the health and interests of the public, the respective city and county public health bureaus aggressively conducted inspections to stamp tobacco product ads or sales promotion campaigns violating the laws. In the period from 2009 to 2011, a total of 793,042 cases were inspected, and penalties were issued to 14 cases. Most of the issued penalties were for illegal Internet marketing (21.4%) and employment of tobacco products as a tool in product marketing, marketing campaigns, or prizes (21.4%). Next are the employment of other literature, pictures or objects (14.3%) for tobacco product marketing and the selling of tobacco products at discount rates or through other related methods (14.3%). In further analysis of the statistics obtained from the respective city and county public health bureaus, localities where penalties for tobacco product ad or sales promotion related violations committed in the past three years had been issued were Taipei City, that is, 6 cases or the most number of violations (42.8%), followed by Kaohsiung City, Keelung City, Taichung City, and Taichung County. (Table 1-4).

Pursuant to the provisions of Article 9 of the *Tobacco Hazards Prevention Act*, tobacco products may not be advertised or featured in marketing promotions or sponsorships. Under the aggressive evidence gathering efforts of public health bureaus, penalties had been issued on illegal advertisement, marketing promotion, and sponsorship for tobacco products. Significant violations included the fine of NT\$ 5.2 million imposed on a case wherein complimentary picture cards attached to cigarette products sold in Kaohsiung City, the fine of NT\$ 6.7 million imposed on a cigarette box ad and marketing promotion case in Miaoli County, and the fine of NT\$ 10.1 million imposed on the cigarette sales promotion campaign launched in Taipei City night clubs and cigarette box ad and sales promotion campaign. On another case, the Keelung City Public Health Bureau imposed a fine of NT\$ 5 million for the product introductory leaflet attached to the oral tobacco pastilles of a smokeless tobacco product.



Table 1-4 Penalties and Fines Issued for Domestic Advertisements and Sale Promotion Campaigns Violating *Tobacco Hazards Prevention Act* and Regulations (2009 – 2011)

County/City	Penalties Issued	Penalty Fines
Department of Health, Taipei City	6	10,305,000
Keelung City Health Bureau	2	5,100,000
Department of Health, New Taipei City	1	100,000
Miaoli County Health Bureau	1	6,700,000
Department of Health, Taichung City	2	200,000
Department of Health, Kaohsiung City	2	5,300,000
Total	14	27,705,000

Tobacco Hazards Prevention Act Inspection and Penalty Information System

In an effort to bolster the efficiency of inspection procedures conducted under the *Tobacco Hazards Prevention Act* provisions and application of effective data, and to provide instantaneous *Tobacco Hazards Prevention Act* law enforcement status updates to the central and local health authorities for their study of the response measures, the "Tobacco Hazards Prevention Act - Inspection and Penalty Reporting and Case Management Information System" was established and put to effect in January 2004. Furthermore, in line with the implementation of new regulations of *Tobacco Hazards Prevention Act*, the system was upgraded to establish online links on May 16, 2009, thereby enabling an instantaneous understanding of inspection updates, violation clampdown and penalty information. Moreover, it allowed the online inquiry and tracking of fine payment status and smoking cessation education program status quo, as well as an understanding of fines imposed on cases and other law enforcement monitoring work.



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In the nationwide tobacco hazards inspection of 2011, at least 3.52 million inspection procedures were conducted on more than 0.38 million businesses; penalties were issued on 9,513 cases. A comparative study of the inspection items showed that the three leading violations by order of frequency are: (1) people with smoking behaviors, 5,591 cases (58.8%), (2) smokers under the age of 18 - 2,974 cases (31.3%), (3) provision of smoking related implements in no-smoking places where smoking prohibition stickers or notices had been posted, 772 cases (8.1%) (see Table 1-5). The most number of penalty fines imposed were issued in Taichung City, followed by New Taipei City; whereas most penalties relating to smokers under the age of 18 violations were issued in New Taipei City, followed by Nantou County. The most number of penalty fines imposed on smokers smoking in no-smoking zones were issued in Kaohsiung City, followed by Taichung City. On the other hand, the most number of penalties for provision of smoking related implements in entrance and exit areas where smoking prohibition stickers or notices had been posted on visible places were issued in Taipei City, followed by Taichung City and New Taipei City. A further analysis of the data revealed that on the matter of fines imposed on smokers in 2011, the three leading locations where fines were issued to smoking minors under the age of 18 were in smoking zones, Internet cafes, and schools (see Table 1-6); whereas fines imposed on adult smokers above the age of 18 were mostly in no-smoking zones, the three leading locations being Internet cafes, electronic game centers, and schools.

In implementation of the new regulations of *Tobacco Hazards Prevention Act*, public health bureaus of the respective cities and counties strongly promoted law enforcement work (see Table 1-7); unfortunately, a small sector of the public or public personalities blatantly challenge the authorities by

smoking in train cars and Internet cafes and even posting video clippings containing tobacco product on websites for the open viewing of children. These acts not only violated the smoking prohibition regulations in no-smoking zones under the *Tobacco Hazards Prevention Act* but also regulations of the Child and Youth Welfare Act prohibiting the provision of tobacco products to minors under the age of 18. In the latter case, the acts constitute child abuse and thus, in addition to reporting cases to the respective competent authorities for investigation and legal action, serious admonitions were issued to the guardians of these minors and warn them not to defy the laws; moreover, a serious regard of society shall be paid on the problem of child exposure to tobacco hazards.

Table 1-5 Accomplishment Report of the *Tobacco Hazards Prevention Act* – Inspection and Clamp-down Procedures Implemented by the Local Public Health Bureau Offices

Type Locality	Minor Smokers (under 18 years old)						Arrested Persons with Smoking behavior						Places with Smoking Prohibition Signs but providing Smoking Related Implements					
	Audited Population			Penalties Issued			Audited Population			Penalties Issued			Audited Population			Penalties Issued		
Year	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011
Taipei City	11,941	23,391	22,115	597	408	194	33,450	45,532	42,871	88	328	511	42,829	45,141	41,624	37	100	221
Kaohsiung City	57,186	29,880	43,511	242	111	217	124,675	36,017	52,626	633	712	1,814	15,5287	35,398	49,736	12	11	7
New Taipei City	8,929	7,905	17,640	4,721	1,542	943	13,290	18,225	22,154	341	371	449	17,895	17,838	20,705	146	104	156
Ilan County	21,807	14,064	23,081	94	27	7	24,036	14,471	23,441	45	47	73	22,486	14,423	23,303	1	7	12
Taoyuan County	15,328	13,610	17,614	507	116	124	27,442	20,846	24,831	635	292	251	26,308	20,508	24,802	13	7	1
Hsinchu County	4,172	10,287	13,862	195	174	119	10,825	10,897	14,131	141	177	26	10,112	10,732	14,118	18	7	1
Miaoli County	25,338	5,139	5,532	143	12	37	35,853	6,561	6,345	85	50	25	33,855	6,304	6,300	7	10	9
Changhua County	11,861	18,285	12,315	270	72	11	23,183	19,885	12,595	35	78	58	26,682	19,828	12,547	0	0	6
Nantou County	4,580	1,807	7,228	396	292	315	20,738	5,622	17,614	32	27	25	27,655	5,484	17,513	3	5	7
Yunlin County	8,559	8,645	10,047	64	12	13	9,855	9,771	10,612	88	156	104	8,514	8,756	10,259	30	44	46
Chiayi County	5,180	4,568	10,151	86	66	32	9,346	6,060	12,428	38	71	68	9,249	5,823	12,232	3	0	0
Pingtung County	7,729	5,092	5,039	81	87	98	25,039	15,610	17,075	113	191	257	26,456	15,302	16,608	12	15	12
Taitung County	3,619	3,035	4,068	35	32	80	7,728	4,400	5,373	14	19	6	7,184	4,250	5,416	1	0	0
Hualien County	5,100	5,393	6,066	51	45	47	13,124	8,473	10,386	58	96	126	13,171	8,453	10,076	20	1	1
Penghu County	578	812	662	52	64	60	2,274	2,637	3,131	1	2	1	2,043	2,579	3,018	0	0	0
Keelung City	78,256	14,797	17,052	256	89	67	80,228	15,053	17,274	90	163	235	79,271	14,812	17,036	4	15	6
Hsinchu City	7,385	4,932	5,852	64	228	251	8,727	5,369	5,889	244	328	191	8,386	5,034	5,698	0	0	0
Taichung City	34,098	77,279	49,051	834	439	219	70,952	138,268	85,464	528	933	822	62,316	137,898	84,455	44	118	212
Chiayi City	30,746	21,101	3,608	1	9	2	34,541	22,358	3,772	21	49	35	32,715	22,322	3,759	0	7	9
Tainan City	50,244	28,192	27,224	264	75	136	68,649	33,216	29,623	406	508	511	66,491	33,789	29,416	6	18	65
Kinmen County	1,592	772	2,650	2	1	2	1,748	941	3,065	1	8	3	1,575	938	3,060	0	1	1
Lienchiang County	394	392	315	0	0	0	2,798	399	428	11	1	0	2,803	397	446	0	0	0
Total	394,622	299,378	304,683	8,955	3,901	2,974	648,501	440,611	421,128	3,648	4,607	5,591	683,283	436,009	412,127	357	470	772



Table 1-6 An Analysis of the Venues of Teen (under age of 18) Smoking Violations under the *Tobacco Hazards Prevention Act* (2009-2011)

Common Sites of Violations	Year	(2009)	(2010)	(2011)
		Penalties Issued	Penalties Issued	Penalties Issued
Smoking zones		7,661 (85.5%)	3,147 (80.7%)	2,168 (72.9%)
Internet cafes		418 (4.7%)	327 (8.4%)	190 (6.4%)
Elementary schools, junior high schools, and senior high schools		329 (3.7%)	291 (7.5%)	496 (16.7%)
Bus stations		77 (0.9%)	21 (0.5%)	8 (0.3%)
Hospitals		4 (-)	1 (-)	3 (-)
Colleges and universities		2 (-)	4 (-)	1 (-)
Others		464 (5.2%)	110 (2.8%)	108 (3.6%)
Total		8,955 (100%)	3,901 (100%)	2,974 (100%)

Table 1-7 Salient Points and Accomplishment Report of the Inspections Conducted by City and County Public Health Bureaus in 2011 under the *Tobacco Hazards Prevention Act*

Locality	Provision of tobacco products to minors under the age of 18		Smoking in no-smoking places		Total Inspected Population under the <i>Tobacco Hazards Prevention Act</i>	Inspection Frequency/ subsidy per NTS 10,000
	Inspected Population	Penalties Issued	Inspected Population	Penalties Issued		
Taipei City	19,404	10	42,871	511	229,602	111
Kaohsiung City	41,634	7	52,625	1814	432,977	160
New Taipei City	14,256	10	22,154	449	165,709	59
Ilan County	23,074	0	23,441	73	246,284	306
Taoyuan County	17,207	3	24,831	251	205,411	125
Hsinchu County	13,741	0	14,131	26	130,352	167
Miaoli County	5,085	1	6,345	25	59,798	70
Changhua County	12,300	3	12,595	58	118,758	91
Nantou County	7,775	3	17,614	25	133,392	139
Yunlin County	10,044	1	10,612	104	109,387	115
Chiayi County	9,992	21	12,428	68	116,400	136
Pingtung County	4,659	3	17,075	257	93,024	81
Taitung County	3,749	1	5,373	6	44,500	59
Hualien County	3,532	1	10,386	126	59,450	65
Penghu County	562	0	3,131	1	13,515	30
Keelung City	16,991	0	17,274	235	173,045	230
Hsinchu City	5,603	4	5,889	191	53,818	74
Taichung City	48,854	30	85,464	822	811,283	306
Chiayi City	3,611	0	3,772	35	37,382	54
Tainan City	27,039	1	29,623	511	269,532	122
Kinmen County	415	0	3,065	3	14,560	31
Lienchiang County	152	0	428	0	3,139	9

✚ Smoking Cessation Assistance

Effective from 2009, all indoor public places and workplaces are placed under a total smoking ban, and repudiation of tobacco hazards gradually became a norm in everyone's lifestyle. In an effort to urge smokers to quit smoking as early as possible, the "2010 Quit Smoking Movement Year" campaign was continued through year 2011, and the Mutual Care Network for Smoking Cessation was continuously promoted. In addition to the professional counseling services to smokers provided by smoking cessation clinics and the smoking cessation helpline service, the community, school, workplace, and military sectors and medical and health care professionals were mobilized to join the "Save a Life" campaign which aimed to aggressively provide smoking cessation related training programs to professionals of all fields of work, thereby diversifying the smoking cessation services and preparing for the launching of the Second-Generation Payment Scheme for Smoking Cessation Services in 2012.



Joint Care and Treatment Network for Quit Smoking

Following the implementation of new regulations of *Tobacco Hazards Prevention Act* in 2009, the scope of no-smoking zones was expanded and tobacco health and welfare surcharge were increased. Moreover, promotion of the Mutual Care Network for Smoking Cessation launched in 2010 saw to the provision of smoking cessation clinic therapy services, establishment of smoking cessation helplines, organization of smoking cessation classes in counties and cities, provision of smoking cessation counseling services in community pharmacies, launching of the "Quit Smoking and Win campaign", and printing of the Handbook on the Strategies and Tactics to Quick Smoking. It is hoped to provide accessible and convenient assistance services to smokers through a diversity of channels, thereby making it possible for the public to choose and employ the type of smoking cessation assistance resource congenial to their needs and allowing individuals truly wanting to quit smoking to obtain the required smoking cessation therapy assistance.

Statistics of the "Adult Smoking Behavior Survey" indicated that in 2010, male and female smoking rate above the age of 18 were 35.0% and 4.1% respectively, but in 2011, the rate were 33.5% and 4.4% respectively, showing a drop in the male smoking rate but a slight increase in the female smoking rate. Overall size of the smoking population was estimated at around 3,510,000. Implementation of the new regulations of *Tobacco Hazards Prevention Act* in 2009 saw to the imposition of smoking bans in more places, the raising of tobacco product prices, and printing of health hazards warning labels and the toll-free number of the smoking cessation helpline, 0800-636363, on all tobacco package. In 2009, the rate of assistance inquiry calls received from the public was 125% higher than that of the previous year, and in 2011, over 1,900 medical institutions provided smoking cessation clinic services; smokers availing the clinic services increased by nearly 20% vis-à-vis the number for the same period of the previous year. The simultaneous implementation of three tobacco control health measures, that is, health hazards warning label, expansion of no-smoking zones, and raising tobacco prices, had made significant inroads in the campaign to urge habitual smokers to quit smoking.

In a move to reduce the smoking population size and safeguard the public's rights to good health, the Bureau of Health Promotion declared the year 2010 to be the "Quit Smoking Movement Year" and established the "Mutual Care Network for Smoking Cessation". In addition to the existing smoking cessation clinics and smoking cessation helpline, the BHP also strengthened efforts to mobilize civic

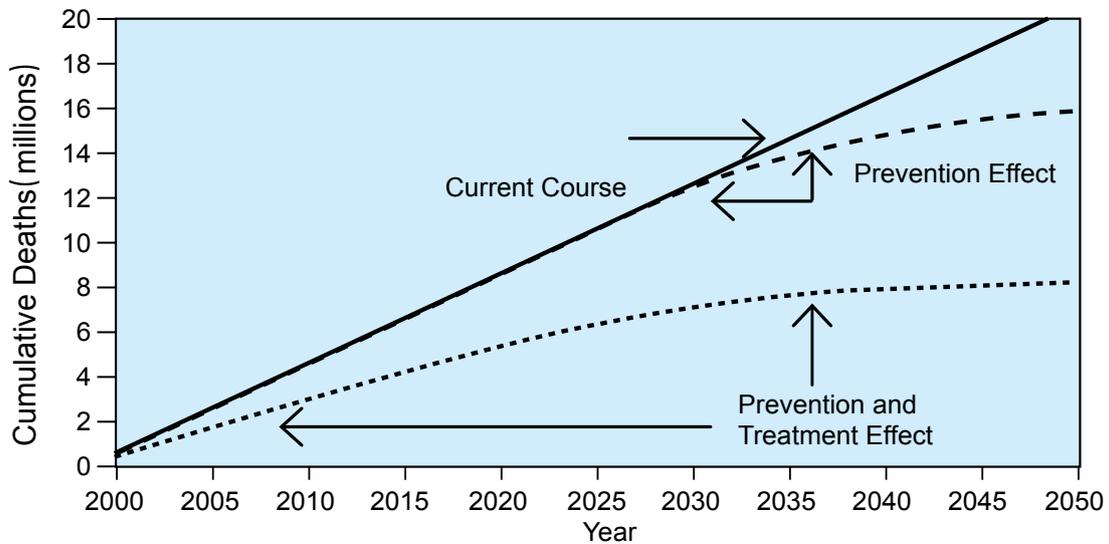


organizations, religious groups, and businesses to launch a year-round smoking cessation campaign. Moreover, in cooperation with local health authorities and related government agencies, the public was invited to join the smoking cessation movement. The movement not only constructed supportive environments in workplaces, schools, hospitals, and homes but also provided a diversity of assistance services to smokers and organized a variety of "Quit Smoking and Win" contests. The public was urged to support and join in the movement in the hope of helping smokers quit the habit; moreover, the resources of local public health bureaus and hospitals were consolidated to organize the smoking cessation classes. A total of 19,524 individuals completed the professional training program provided in 2011; the professional training programs organized in previous years had trained 56,549 in total, thereby establishing the cornerstones of the community smoking cessation services. These efforts aimed to provide the public with related smoking cessation service, to encourage smokers quit smoking, and to help smokers look for professional support and assistance. Moreover, the adult smoking behavior survey conducted in 2011 showed that around 48.5% (males 50.9% and females 34.2%) of the smokers quit smoking under the counseling assistance of medical and healthcare personnel.

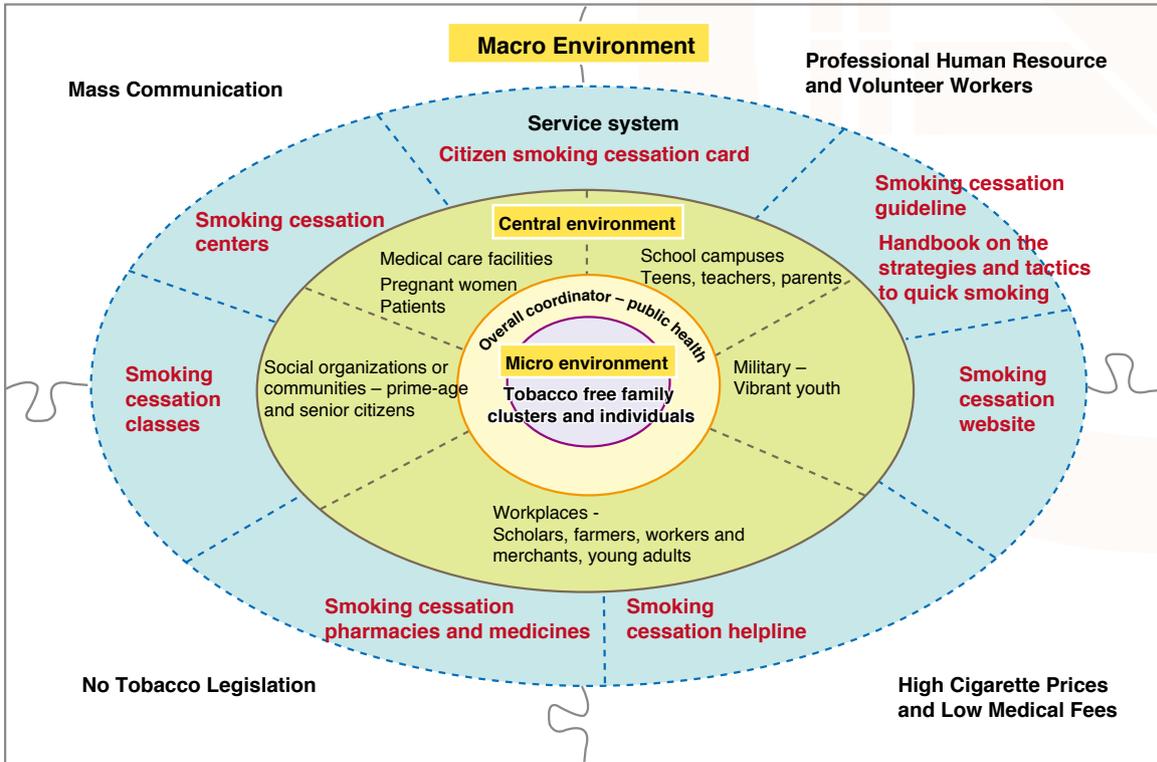


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Projected Tobacco-Caused Mortality Patterns



Projections of smoking-related mortality based on present trends(current course), Compared with projections of effective prevention(prevention effect) and effects of combined prevention and treatment(prevention and treatment effect).
(Source : Henningfield and Slade, 1998)



© Data source: 2010. 01. 12 Director-General Chiou Shu-Ti's Lecture Plan for the Mutual Care Network for Smoking Cessation

In 2010, the Bureau held the 2010 "Quit and Win" Contest for which Jolin Tsai was invited to become the campaign spokesperson to infuse vibrant energy into the campaign and boost morale of the "Save a Life" Campaign. Through the intensive information dissemination drive and news rallies, the bureau was able to attract the participation of 25,405 persons above the age of 18 and 2,079 inmates under the custody of the Agency of Corrections.

In an effort to understand the efficacy of the 2010 "Quit and Win" Contest in urging contest participants to quit smoking, the Bureau conducted a follow-up survey on the participants of the 2010 "Quit and Win" Contest in 2011. Through the phone interviews, information regarding the motivations and expectations which the contest participants harbored were gathered. An investigation and an analysis were conducted to understand the smoking cessation status during the contest period and thereafter to date, factors interfering with or supporting the smokers' quitting process, and effects or accomplishments of the contest.



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The survey was conducted in the period from June 7 to June 11, 2011. Interview samples were the "regular contestants" who registered for the 2010 "Quit and Win" Contest and selected through a random drawing of names based on the participant rate of each respective city and county. Valid samples gathered totaled 1,005 samples, and under a confidence standard of 95% and sampling error deviation of $\pm 3.02\%$, findings of the survey are as stated below:

- (1) In terms of participation motive, most prominent motive of the participants was "smoking affects our health" (48.5%); moreover, 72% of the respondents indicated that they hoped to quit smoking completely through the contest.
- (2) Nearly 75% of respondents indicated that they have completely quit smoking within a month after joining the contest, and after the conclusion of the contest period to date, around 34% of the respondents indicated that they have stopped smoking completely.
- (3) Nearly 74.5% of respondents who are still smoking indicated that the reason their attempt to quit smoking failed was because "people around them were smoking" ; other factors indicated, by order of significance, were "living environment or intense pressures at work" and "inability to resist the urge to smoke".
- (4) Around 60.5% of respondents indicated that no supplementary smoking cessation methods had been taken during the process of quitting, and 66.7% of respondents indicated that they received positive reinforcements from family members during the quitting process.
- (5) Moreover, 87.1% of respondents indicated that in the "Quit Smoking and Win Contest" held in May 2010 had been helpful to their attempt to quit smoking; furthermore, although the relatives, friends, and colleagues of 29.5% respondents were not participants in the contest, they likewise indicated that they too had quit smoking in light of this contest.

A Comparative Analysis of the Quit & Win Campaigns (2002-2010)					
Year	2002	2004	2006	2008	2010
Number of Participants	23,096	30,967	17,060	18,741	25,405
Smoking Cessation Rate (one month)	75.4%	68.79%	65.53%	74.4%	75.2%
Smoking Cessation Rate (one year)	37.2%	35.4%	35.8%	36.3%	34.4%
Three Main Reasons for Participating	1. Health reasons 2. Due to peer recommendation or pressure 3. Setting a good example to children	1. Health reasons 2. Due to peer recommendation or pressure 3. Winning a prize	1. Health reasons 2. Due to peer recommendation or pressure 3. Intent to quit smoking completely	1. Intent to quit smoking completely 2. Health reasons 3. Due to peer recommendation or pressure	1. Health reasons 2. Intent to quit smoking completely 3. Due to peer recommendation or pressure

Second-Generation Smoking Cessation Payment Scheme

Article 14 of the "WHO Framework Convention on Tobacco Control" clearly defined that the smoking cessation service system of a nation should be specifically planned. In 2010, the World Health Organization also passed the implementation criteria for smoking cessation services and pointed out that countries with smoking cessation therapy programs should be found on evidentiary support and should encompass all angles, including, the systematic location of smokers and recommendations on how to quit smoking, smoking cessation helpline services, face-to-face behavioral support from trained personnel, enhancement of the accessibility of medicines, provision of free or affordable medicines, and systematic smoking cessation support procedures. The article also prescribed that smoking cessation therapy should be widespread and available in all types of venues and through all types of service providers, including the services within and outside the medical and healthcare systems.



Complete cure from the smoking behavior is in fact possible. However, up until today, smoking continues to take more than 20,000 precious lives every year, making it the leading cause of death of the nation. Starting from 2002, Taiwan started to subsidize smoking cessation services from the tobacco health and welfare surcharge products; however, these subsidies are provided on a fix rate. Weekly subsidy for smoking cessation preparations is merely NT\$ 250. It is thus estimated that a smoker quitting the habit needs to pay around NT\$ 550 to NT\$ 1,250 per week to quit smoking. People belonging to lower income brackets would not be able to afford this expense; hence, the principal issue fostering a balanced care for the public health would be the alleviation of the financial impediments of smoking cessation therapy programs and making it more convenient for individuals who intend to quit smoking.

In order to help more smokers quit smoking, the government started a trial run of the second-generation smoking cessation therapy program in 2012. Budget for the trial run was allocated from the tobacco health and welfare surcharge to cover the medical diagnostic fees and health instruction costs. Moreover, subsidies for the cost of medicines are calculated based on the regular medicine subsidies under the national health insurance program; that is, a maximum of NT\$ 200 share. Full subsidy is granted to smokers from low income households or indigenous area or offshore islands. Smoking cessation therapy services could also be provided to outpatients or patients admitted for hospitalization and emergency room patients. Plans are being drafted for the training of more professional smoking cessation health education personnel capable of providing individualized, face-to-face health instructions to smokers and individual case management services. Moreover, local and regional resources are integrated so teams may be organized to provide smoking cessation and health education guidance, counseling and education services at workplaces, schools, and other facilities in an effort to motivate more smokers to proactively avail of these smoking cessation services, thereby fostering a growth in the population of smokers who successfully quit smoking. A high success rate serves as a positive reinforcement for the reduction of the adult smoking population.



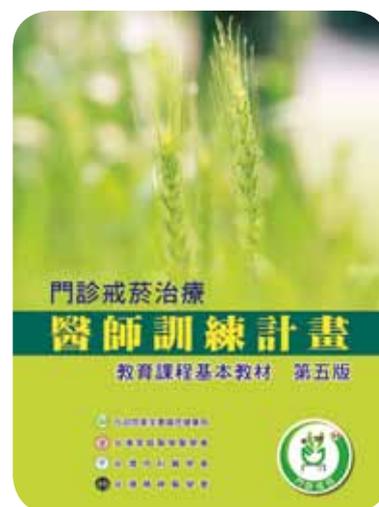
Smoking Cessation Treatment Personnel Training

Year 2010 was declared as the "Quit Smoking Movement Year" ; hence, every sector of the nation had been mobilized to join the "Save a Life" campaign. A "Mutual Care Network for Smoking Cessation" was implemented through the training of medical and healthcare professionals. The training programs included the smoking cessation clinic therapist training course, the smoking cessation healthcare personnel training course and the smoking cessation health educator training course for pharmacists; establishment of a professional smoking cessation human resource network, utilization of the resources of health-promoting hospitals, schools, workplaces, and community pharmacies; encouragement of smokers to quit smoking. In 2011, the following programs were likewise continued:

Smoking Cessation Clinic Therapist Training Course

Empirical medical studies indicated a positive correlation between the result and effort exerted in cases wherein the smoking cessation advice came from a physician. In response to the implementation of the "smoking cessation clinic therapy service program" and in understanding of the assessment requirements, status quo investigation, and affectivity survey of physicians conducting smoking cessation clinic therapy procedures, the service of the Association of Family Medicine of Taiwan was commissioned for the implementation of the "smoking cessation clinic therapist training course" .

In cooperation with the increase of frequency of smoking cessation clinic service programs conducted by medical institutions from the initial frequency of twice a year to four times a year (in January, April, July, and October respectively), the first class session of the 2011 education and training course for smoking cessation clinic physicians was postponed to March so as to further increase the number of smoking cessation service providers and to further enhance the availability of medical institutions and physicians providing smoking cessation clinic service. Education and training classes for smoking cessation clinic physicians were separately held in the northern Taiwan, central Taiwan, southern Taiwan, eastern Taiwan and Penghu area (4 audio-visual distant learning sessions in total), and 619 trainees passed the training course and were issued certificates (trainees completed the pre- and post-training tests and achieved a post-training test score of 70 points). In the period from June 2002 to the end of December 2011, a total of 10,041 trainees passed training and were issued certificates (obtained both trainee and seed instructor qualification). Nevertheless, in an effort to enable physicians already providing smoking cessation therapy services to avail of opportunities to pursue further education and attend specific topic reviews, online digital classes (multimedia audio-visual classes) and linked education courses on the Internet (XMS – digital learning platform <http://www.tafm.org.tw>) were attached to the "smoking cessation clinic service information" published by the Smoking Cessation Clinic Therapy Management Center and mailed to physicians by post or electronic mail, thereby enabling them to continue the further education and to process reissuance procedures for expired certificates or licenses. This year, a total of 1,180 professionals processed license reissuance.



© Training plan and materials for smoking cessation clinic physicians



© Guide to Smoking Cessation Clinical Assistance

Aiming to provide educational training classes for physicians and to upgrade the quality of smoking cessation services, policy information of the "Mutual Care Network for Smoking Cessation" was incorporated in the training courses opened this year. For the purpose, basic reference materials for the smoking cessation clinic therapist training program tackling the following significant smoking cessation therapy issues were published: (1) history of tobacco products, tobacco dependency, and nicotine withdrawal symptoms; (2) hazards of smoking and benefits of smoking cessation; (3) phases and patterns of smoking cessation related behavioral changes; (4) clinical techniques for treating smoking and tobacco product dependency; (5) the latest developments in the medicinal treatment of smoking dependency; (6) prevention of a dependency relapse; (7) case studies; and (8) strategies and implementation of tobacco control work (global trends and status quo of Taiwan). Two more handbooks were published in the same year – Counseling Technique Guide for Smoking Cessation Clinic Physicians and Guide to Smoking Cessation Clinical Assistance. To enhance the usage and application rates of the handbooks and reference materials, the related materials had been uploaded to the website of the Taiwan Association of Family Medicine (<http://www.tafm.org.tw/>) for the downloading of all interested parties. Moreover, letters of invitations were issued through the board of directors and supervisors or annual general conventions of medical associations urging the participation of cardiologists, pulmonologists, and metabolism endocrinologists; letters were also issued to medical specialists for aggressively disseminating information and invitations and urging them to participate in the smoking cessation clinic physician training program and practice related services.



© Counseling Technique Guide for Smoking Cessation Clinic Physician

It is evident from the status quo of the smoking cessation clinic therapy services and training course effectiveness survey that these smoking cessation training course had indeed helped trainees build a stronger self-confidence in conducting smoking cessation clinical practices ($p < 0.05$), and after the conclusion of the smoking cessation course, a general improvement in the trainees' attitudes toward smoking cessation had been noted ($p < 0.05$). It is apparent that the smoking cessation courses could indeed enhance the trainees' professional background in smoking cessation, and the analysis conducted before and after the training revealed a significant difference in the trainee's knowledge on the subject matter, regardless whether the trainees attended classroom lectures or audio-visual distant learning programs (Table 1-8).

Table 1-8 An Assessment of the Differences in the Total Scores of Trainees attending the Basic Course of the Smoking Cessation Therapy Training Program in 2011

Type of Class	Test	Average	P-Value
Classroom lectures	before training	73.20 ± 17.65	<0.001
	after training	96.60 ± 6.27	
Audio-visual distant learning	before training	73.75 ± 14.08	0.001
	after training	97.50 ± 4.63	

Data source: Taiwan Association of Family Medicine

Training of Smoking Cessation Health Education Personnel

Nurses, social workers, and psychologists encounter smokers more often in their line of work, and their professions have equipped them with excellent qualifications for providing smoking cessation assistance services, thus making them highly qualified to serve as health education personnel for



smoking cessation therapy. If they may be provided with rich tobacco control and smoking cessation related knowledge and skills, and encouraged to engage in related practices in hospitals, communities, schools, and workplaces, they would strongly contribute to the widespread popularization and promotion of the smoking cessation campaign. Therefore, this training program is aimed at cultivating of related human resources and broadening the coverage of our tobacco control work and smoking cessation education plan.

In 2011, reference materials for the education of smoking cessation health education personnel were developed and revision of the Taiwan Tobacco Control Health Instruction Guide (formerly the Taiwan Tobacco Control Guidelines for Nurses developed in the period between 2003 and 2006) was finalized. These reference materials were widely used in this training program. The basic training course is aimed at developing and cultivating the role and functions of smoking cessation health educators, thus enabling them to carry out smoking cessation health instruction work in their professional practices. The course curriculum covered introduction of the status quos of tobacco control work implemented in the country and abroad, tobacco hazards related knowledge, correlation between tobacco hazards and diseases, characteristics of nicotine, tobacco dependency, and smoking cessation medicines, behavioral changes of smokers as a result of smoking cessation, correlation between healthful living habits and smoking cessation, individual strategies and resource for quitting smoking, and group smoking cessation therapy and techniques, etc. To date, six basic training classes for smoking cessation health education personnel had been held; among the 757 professionals that attended, 755 completed the entire course and passed training (passing rate of 99.7%) and around 70% of the trainees expressed their satisfaction with the entire course. In addition, two classes of the two-day advance training course for smoking cessation health education personnel had been held to develop and cultivate the roles and functions of senior smoking cessation health education personnel and to equip them with the ability of resource integration and comprehensive planning, thereby opening their own smoking cessation centers, providing counseling service of health instruction techniques, and promoting the tobacco control pursuits. The course curriculum included self-image and pressure management, smoking cessation counseling, communication skills and case analysis, smoking cessation class curriculum planning and application, execution and trouble-shooting strategies, phone counseling skills, construction of supportive environments for smoking cessation, prevention of dependency relapse, and the role and functions of smoking cessation case managers. All of these 170 participants passed the training course (passing rate of 100%). On the matter of course effectiveness assessment, surveys conducted before and after the course showed a significant improvement in the basic and advance course participants' knowledge about the tobacco control program.

Furthermore, an information database regarding the knowledge, attitudes, and problem situations of healthcare professionals engaging in tobacco control work had been established; at the same time, a liaison website for smoking cessation health education personnel had been established - the Taiwan Tobacco Control Educator Alliance website (<http://www.ttcea.org>). Links to domestic and foreign tobacco control related resources were also added into the site; users may download reference materials, read analyses of the problems of smoking cessation, share and exchange experiences through the website.



© 'Taiwan Tobacco Control Educator Alliance' website

Smoking Cessation Health Educator Training Course for Medical and Healthcare Professionals

Since community pharmacies possess the advantages of providing convenient, accessible and professional services and frequent contacts with smokers in the community, smoking cessation health educator raining courses were likewise held for pharmacists to broaden the scope and depth of the smoking cessation assistance available to smokers, thereby enhancing the smoking cessation

knowledge and skills of pharmacists in the community and enabling them to provide immediate smoking cessation service.

The basic training course curriculum includes the following topics: tobacco hazard education and healthy living habits, introduction of medicines used to aid smoking cessation, the role and functions of pharmacists in the tobacco control efforts, procedures of individual smoking cessation case assistance, treatment of nicotine withdrawal symptoms, communication techniques during smoking cessation counseling, and case studies and discussions, etc. The contents of the advance training course curriculum included the smokers' perspectives, empirical foundations of smoking cessation interventions, smoking cessation guidelines, group discussions, and case study and evaluation of a specific cluster of smoking cessation cases.

Furthermore, in 2011, in the nine basic training sessions, 621 trainees passed the training course, and in the five advance training sessions, 301 passed. In general, the post-training test scores of all participants were higher or similar to their pre-training test scores, and over 90% of the trainees were satisfied with the courses taken. Furthermore, the following efforts were achieved: establishment of a smoking cessation case management system, development of a counseling skill guide for pharmacists (self-care reference materials for smoking cessation) and a smoking cessation service guide for pharmacists. Moreover, a survey was conducted to understand the status quo and obstacles encountered by trainees who passed the courses and engaged in smoking cessation related services; data gathered were used for future improvement reference to foster the enhancement of the counseling skills of smoking cessation health educators and the effectiveness of the smoking cessation management services.

Providing smoking cessation counseling is a novel experience for community pharmacies. Pharmacists who attend and pass the basic training course will be awarded a qualified smoking cessation health educator certificate. In the future, a counseling station for smoking cessation shall be established in community pharmacies to provide a regular place where the public may avail of smoking cessation health education. These stations shall provide the public with warm, easy, and thorough disease prevention and health-promoting care.

Services at Smoking Cessation Outpatient Clinics

Starting in 2002, clinics providing therapy service to smokers began prescribing medicines as an aid. For instance, adults above the age of 18 wanting to kick their nicotine dependency (scores of 4 or higher in the Fragerstroem rating scale or smoking at least 10 cigarettes a day) may avail of two therapy sessions a year. For each session, they may avail of medical prescriptions and short counseling services for a maximum period of eight weeks. Subsidies for the costs of these medical prescriptions and professional medical counseling services may be availed as well (see Table 1-9).

A physician should complete the smoking cessation therapy training course and obtain the official certification before acquiring the qualification of a contracted medical institution providing smoking cessation clinic service. Payment for the medical costs is processed through the national health insurance system. Medical institutions providing these services need to undergo and provide assistance in the smoking cessation therapy quality inspection, service satisfaction survey, tracking studies of their smoking cessation therapy success rates, and cost efficiency analyses, etc.

As of 2011, the number of the contracted medical institutions providing smoking cessation clinic therapy and medical prescription service totaled 1,953; these institutions are located in 355 towns, villages and cities around the country (or a coverage rate of 96%), that is, 18% of the contracted hospitals under the national health insurance system. From the launching of the program to December 2011, these institutions had provided the smoking cessation service to a total of 470,852 persons (excluding the number of relapse cases taking second or repeated treatments). Ranges of subsidies



were adjusted to cope with provision, requirement, and budget aspects. In January 2005, the scope of implementation was expanded and the volume of outpatient consultations increased with the months; then in April 2006, in light of the reduction of annual budget allocations, subsidies to physician's fees and medication costs were likewise reduced, causing a consequential drop in the volume of clinic services. (See Fig. 1-4.) However, the implementation of the amended *Tobacco Hazards Prevention Act* on January 11, 2009 increased the areas covered by the smoking ban and imposed a total smoking ban on indoor workplaces having three or more occupants; thus, in the first half of the year, clinic consultation increased again; the trend gradually declined in the second quarter of 2009 started to stabilize in the second quarter of 2010.

To understand the efficiency of the smoking cessation clinic therapy service, a telephone survey was conducted on the smoking cessation cases to track the six-month smoking cessation success rate (that is, cases where smoking cessation had been maintained during last 7 days of the six-month period from the commencement date of the therapy). In the period from September 2002 to December 2011, telephone tracking surveys had been conducted on 67,610 persons, and the smoking cessation success rate was around 23.4%. A comparative study of the historical trend in the smoking cessation success rate found the development of a rising trend (see Fig. 1-5). As for the characteristics of medical institutions providing related services, the medical centers posted the highest success rate, 31.0%. In the comparative analysis of the total cost required for a smoker to successfully quit smoking, the cost of primary medical units had been the highest; moreover, since the advantage of easy accessibility and convenience afforded by the primary medical units, most people sought to avail of their services (see Table 1-10).

An analysis of the direct benefit (reduction in the medical treatment costs of smoking-related diseases) and indirect benefit (increment in the Quality Adjusted Life Year, or QALY) of this type of

Table 1-9 Subsidies for the Smoking Cessation Clinic Therapy Service Program (Subsidies provided after March 2012 belong to the scope of the second-generation smoking cessation payment scheme)

Item	Trial run in 2002	2003–2004	2005	2006 – Feb. 2012	March 2012 -
Physician	Family medicine, internal medicine	Family medicine, internal medicine, and psychiatry	Western medicine		
Therapy Session	One session of eight weeks is subsidized annually; procedure should be completed within 90 days		Two sessions (eight weeks each) are subsidized annually.		
Smoking Cessation Therapy Service Fees	NT\$ 250 per session		NT\$ 350 per session	NT\$ 250 per session	
Smoking cessation medicine expense	NT\$ 250 per week		NT\$ 400 per week	NT\$ 250 per week	Share of expense of medicines covered in the National Health Insurance
	–		Low income families: NT\$ 500 per week		Free for smokers from low income families and remote regions
Service targets	Adults above 18 years smoking at least 10 cigarettes per day or having a nicotine dependency rating of 4 or higher (Fagerström rating scale)				
Referral fee for smoking pregnant women				NT\$ 100 per session	
Dispensing fee	NT\$ 11 to NT\$ 53 per dispensing procedure (subject to adjustment pursuant to change in dispensing personnel, dispensing location, and weeks of dispensing)				

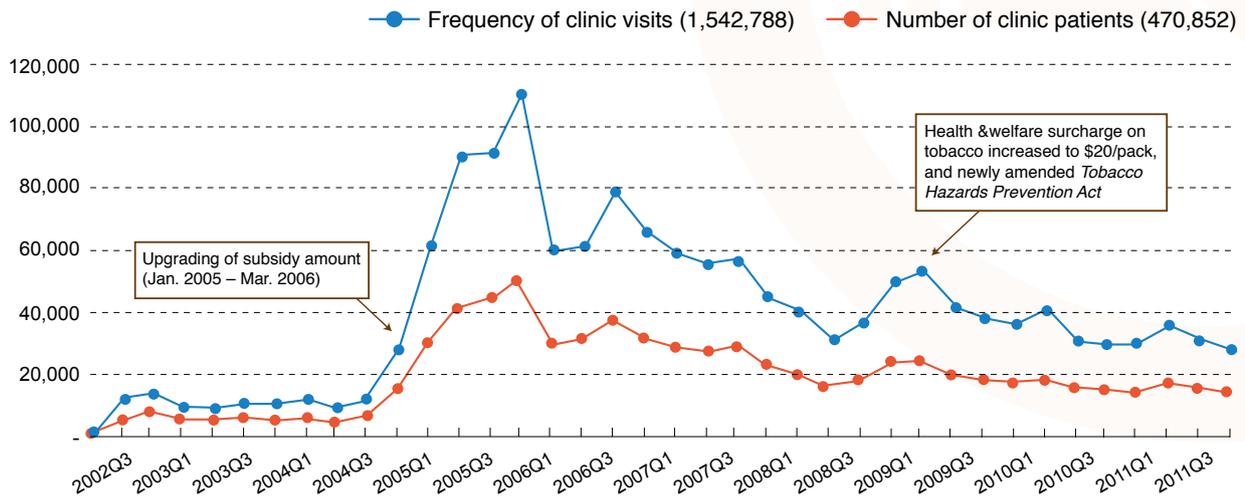


Fig. 1-4 Development Trend of Smoking Cessation Clinic Therapy Services

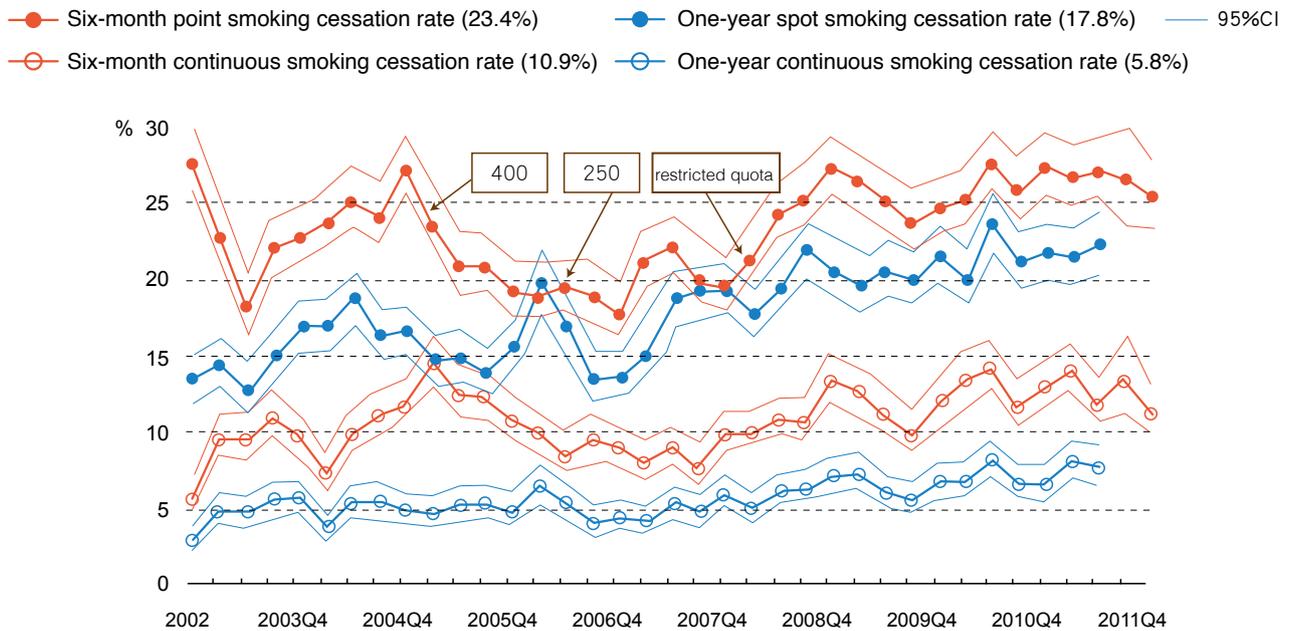


Fig. 1-5 Historical Trend of the Success Rate of the Clinic Smoking Cessation Service



medication-assisted smoking cessation clinic therapy service was conducted based on the 2007-2008 research data. Findings revealed that every NT\$ 1 invested into the program generated an average benefit worth around NT\$ 27 benefit; in short, program was considerably cost efficient. To date, in addition to the UK, Japan, and Taiwan, in which smoking cessation therapy service is being provided to all smokers, some countries are also gradually implementing similar system. Based on the implementation experiences of Taiwan, the key factors contributing to the successful implementation of the program are: 1) heightened inclination of smokers to avail of the therapy program and quit smoking; 2) motivation of medical institutions to provide smoking cessation services; and 3) efficient control of service quality and information dissemination work.

On the matter of the quality control of the entire smoking cessation clinic service, in addition to the fountainhead control implemented during the contract application processing, the following matters are also attended during the course of execution: (1) implementation according to the contract provisions, operating instructions, and "Taiwan Smoking Cessation Clinical Guidelines; (2) regular provision of updates of smoking cessation clinic news and information of important matters for attention; (3) enhancement of the dissemination of noticeable items and organization of "smoking cessation clinic quality improvement course" . Moreover, computerized administrative inspection, professionalism inspection and site inspection are conducted. These measures aimed to provide the nation more effective and quality smoking cessation service.

Table 1-10 Performance of the Smoking Cessation Clinic Therapy Services Provided in the Medical Units with Different Levels

Level of Medical Unit	Number of Therapy Sessions	Six-month Point Smoking Cessation Rate	Average Subsidy per Therapy Session	Average Cost per Successful Smoking Cessation Case
Medical centers	23,025	31.0%	1,437.07	4,637.75
Regional hospitals	48,442	28.5%	1,365.16	4,793.30
District hospitals	56,423	24.6%	1,479.63	6,013.58
Clinics	443,983	20.7%	1,555.66	7,500.12
Public health centers	84,281	26.8%	1,351.92	5,035.47
Total	656,154	23.4%	1,504.72	6,444.19

Data source: Survey conducted by the Smoking Cessation Clinic Therapy Management Center for the Bureau of Health Promotion on a commission basis

Smoking Cessation Helpline

The Bureau studied the smoking cessation helpline model of California (US) under the purpose of providing smokers with accessible and effective assistance to their effort to quit smoking. In 2003, Taiwan government commissioned private sector services for the establishment of the "Taiwan Smokers' Helpline Center" , the first helpline ever established in Asia. The helpline combined the convenience and confidentiality afforded by the telephone with professional psychological counseling service and opened a toll-free line (0800-636363) through which smokers may avail of free counseling advice on quitting the habit.



The smoking cessation helpline service is available from Mondays through Saturdays from 9:00 a.m. to 9:00 p.m. Counseling may be availed in Mandarin, Taiwanese, or English, and pursuant to the caller's need, referral, counseling service, and information updates may be provided. With the help of the information management system, status quo of the caller's smoking behavior is assessed and thereafter, and a short counseling session is provided catering to the caller's requirements. After several subsequent case management services are introduced, the smoking cessation counselor and the smoker jointly plan out the smoking cessation plan. Furthermore, after smoking cessation related information are provided, a weekly case management session lasting around 20 - 30 minutes is scheduled as a rule. A complete counseling procedure usually lasts for around 5 to 8 weeks. In order to understand the case progress, upon the conclusion of the case management service, a case tracking procedure is implemented to follow up the smoking cessation conditions. Survey calls are made after one month, three months, and six months to follow up the smoking cessation success rate.

In the period from 2003 to 2011, a total of 612,409 callers had availed of the phone counseling service, and in the same period, a total of 139,655 cases had been managed. The overall satisfaction rate of callers accepting the case assistance service had exceeded 80% and on many occasions, the success rate of the smoking cessation counseling service exceeded 30%. (See Fig. 1-6.)

In response to the changing trends of the time and evolution of the communication media, the traditional landline phones no longer served as the only medium of communication. The helpline has taken to calling mobile phones, sending text messages, and communicating through Internet platforms. In June 2008, mobile phone calls and text message transmission service were started. In coping with the massive incoming call load and widespread use of mobile phones, an additional helpline for mobile phones was opened in 2010 to make the smoking cessation helpline more easily reachable to the public and to provide an additional social support channel to smokers, thus making quitting smoking easier and encouraging smokers to take advantage of the service. On the other hand, license rights to the advertisement of the smoking cessation helpline of Australia had been acquired, and coinciding with the implementation of new regulations of *Tobacco Hazards Prevention Act* on January 11, 2009, portions of the ad were employed in the production of the media ad delivering the message "new regulations are now enforced, quit smoking now" . Resources of government agencies, medical institutions, workplaces, school campuses, and communities were consolidated, and the meso marketing method was employed.

A comparative study of the service quality indices of the US Center for Disease Control and Prevention and the service performances of the Taiwan smoking cessation helpline service, it was noted that 99.5% of the calling public demand the immediate provision of counseling services, a rate higher than the recommended standard (see Table 1-11).

The assessment, based on the data of the number of callers serviced by the smoking cessation

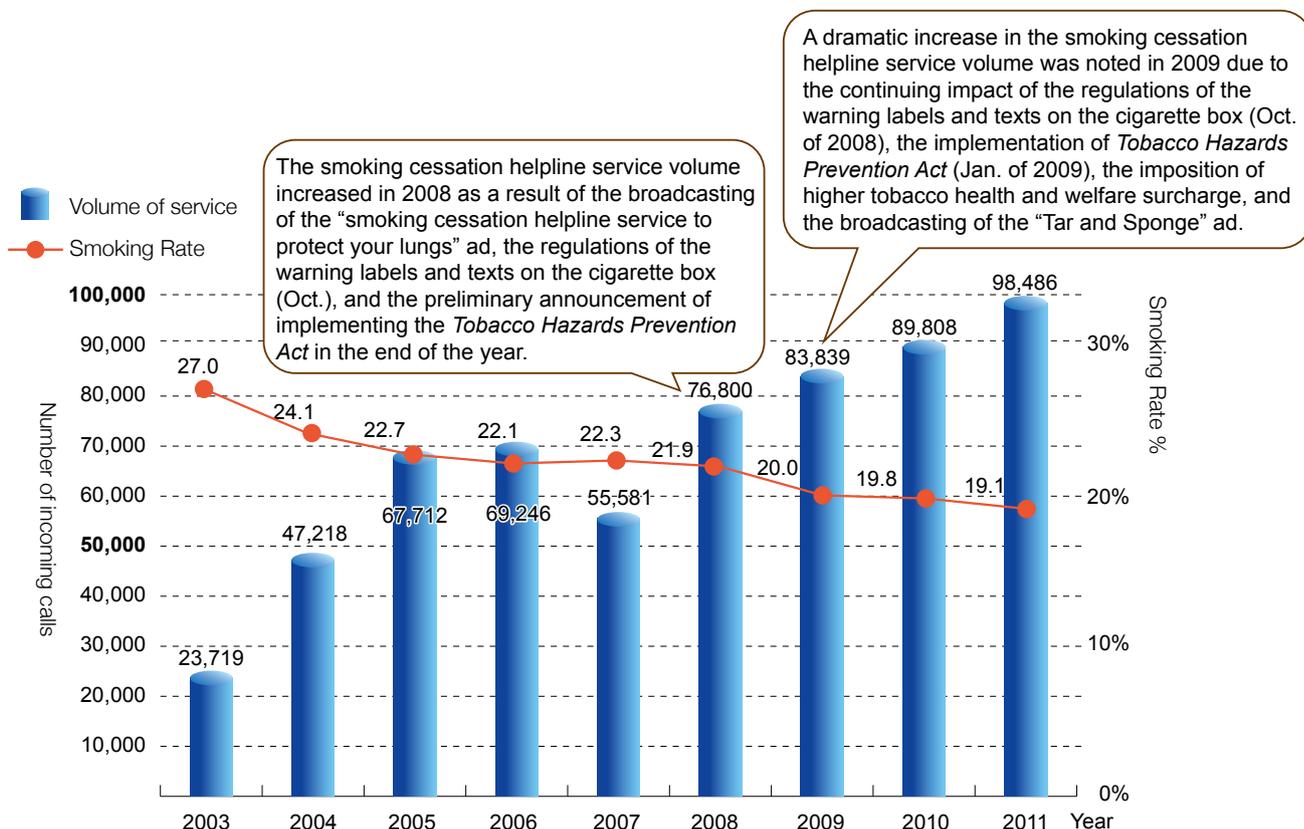


Fig. 1-6 Trend of the Smoking Cessation Helpline Service Volume

Table 1-11 Performance of the Smoking Cessation Clinic Therapy Services Provided in the Medical Units with Different Levels

Service Indices	The U.S. CDC Recommended Indices	2011 Status Quo of the Taiwan Smoking Cessation Helpline Service
Line connection rate	90%~95%	93.92%
Line connection rate within 30 sec.	100%	97.06% (Rate of calls being connected within 20 sec.)
Rate of replies made to voice mails within 24 hours	100%	100%
Mailing of handbooks and related information within 48 hours	Within 48 hrs	Within 48 hrs
Public demanding immediate response rate	50%	99.54%

Data source: Survey conducted by the Taiwan Smokers' Helpline Center for the Bureau of Health Promotion on a commission basis

helpline and the smoking cessation success rate in 2011, revealed a direct benefit of saving a medical cost of smoking-related diseases amounting to around NT\$ 42.4 million (single case management implemented) - NT\$ 83.61 million (multiple case management implemented) in the 11-15 year period after quitting smoking; as for the indirect benefit (15 years after quitting smoking), the "cost savings from rescuing the quality of life" would range from around NT\$ 163 million to around NT\$ 820 million; thus total cost efficiency of the program would range from around NT\$ 179 million to around NT\$ 930 million. (See Table 1-12.)

Table 1-12 Long-Term Direct Cost Efficiency Assessment of the Taiwan Smoking Cessation Helpline Service (2011)

Age Brackets	Long-term Direct Cost Efficiency		
	Males	Females	Total
Single case management implemented	33,057,223	9,348,110	42,405,332
Two case management implemented	13,388,342	2,733,480	16,121,822
Multiple case management implemented	66,381,197	17,235,009	83,616,206
Total	112,826,762	29,316,599	142,143,361

Data source: Results of the "Smoking Cessation Helpline Service Program" survey conducted by the Teacher Chang Foundation in 2011 for the Bureau of Health Promotion on a commission basis

The supportive environment helped the smokers stop smoking. In the 2010 "Quit Smoking Movement Year", every sector of the society and all medical and healthcare professionals had been mobilized to join the "Save a Life" campaign. The special feature informational video on the smoking cessation campaign was aired from October to November 2010 to emphasize the importance of professionals' assistance in smoking cessation. Volume of calls received by the Taiwan Smokers' Helpline Center in November was around 1.5 times the call volume of October. Moreover, based on the experiences of the helpline operators, incoming callers confirmed that the smoking cessation resource introduction feature of the advertisement had helped them learn of and know how to further avail of professional assistance available for smoking cessation. Moreover, the smoking cessation helpline service system established a two-way collaboration system with the local county and city public health bureaus to provide the public with an even more convenient access to smoking cessation resources. For instance, during the information campaign period, local public health bureaus could request for free posters and promotional materials from the helpline service center for distribution to the public to encourage more active use of the toll-free smoking cessation helpline service, or local public health bureaus could refer callers to the Taiwan Smokers' Helpline Center, and the center would proactively contact the interested parties and provide them with the necessary assistance. Furthermore, the Taiwan Smokers' Helpline Center also made concern calls to smokers who have signed the "quit smoking commitment card" of the Handbook on the Strategies and Tactics to Quick Smoking and agreed to receive follow-up calls. Over 30% of the callers had found the Handbook on the Strategies and Tactics to Quick Smoking helpful, and round 33% of the smokers had reduced smoking frequency or totally stopped smoking.



In continuation of the "Mutual Care Network for Smoking Cessation" organized on the concept of the 2010 "Quit Smoking Movement Year", related medical and healthcare units and other related smoking cessation therapy resources in the country were linked under a network, and through the network link strategy of 2011, the Bureau was able to encourage more smokers to quit smoking through various channels and the smoking cessation therapy resources provided by the Government, thereby creating a healthier lifestyle. The smoking cessation helpline service is the resource integration platform in the "Mutual Care Network for Smoking Cessation" program. Not only may the public call the toll-free smoking cessation helpline number 0800-636363 for smoking cessation counseling and receiving related information, but also allows the medical or healthcare unit medical personnel and public health personnel to refer any smoker with an inclination to stop smoking to the helpline service center. Thus, they may use the resources of the Taiwan Smokers' Helpline Center to gain the assistance needed to stop smoking successfully. In the future, diversified information dissemination channels shall continue to be used to enable more smokers to avail of services, maintain the service quality, and provide quality feedback pursuant to the quality control indices, thereby continuously providing smokers with the quality and effective smoking cessation helpline service.



© Taiwan Smokers' Helpline Center



Correctional Facility Smoking Cessation Services

In the early days, laws and regulations had declared tobacco products as contrabands and prohibited their use in the correctional facilities; hence, smokers with strong tobacco dependency would think of all sorts of outlandish tactics to obtain a few smokes. They would take advantage of visitation of their relatives or friends to bring in cigarettes or obtain cigarettes through unlawful means, or even go to the extent of bribing prison guards to help them smuggle cigarettes into the facilities. Consequently, cigarettes have become the unofficial legal tender among prison inmates and created countless of guarding difficulties and disciplinary problems. In order to stem related corrupt practices, the Ministry of Justice amended Article 47 of the Prison Act in July 1993 and partially deregulated smoking. Adult inmates above the age of 18 were thus allowed to smoke at designated places and time periods, and in consideration of the hazards that the tobacco products posed to health and encouragement of inmates to stop smoking, a new law was promulgated on August 16, 1993, the Regulations Governing Smoke

Cessation and Cessation Encouragement, and on August 20, 1993, the Guidelines for the Management of the Smoking Practices of Detention Center Inmates was promulgated. The new regulations officially incorporated tobacco products and inmate smoking behaviors into the correctional facility administration matters, thereby converting the status of tobacco products from contraband to controlled items.

To obtain an understanding of the tobacco control measures implemented in the correctional facilities, the respective facilities were required to fill out survey charts regarding their tobacco control implementation conditions; moreover, on June 30, 2009, a questionnaire survey was conducted on the prison inmates. Survey results revealed a high smoking rate of 91.6% of the almost 65,000 inmates incarcerated in the various correctional facilities in the country before the implementation of the measures; after their implementation, rate of inmates with smoking behaviors dropped to 83.9%. It was found that around 40% of the inmates had attempted to stop smoking, and only some inmates had participated in the smoking cessation courses. Moreover, around 25% of the inmates possessed a strong intent to stop smoking, around 38% wanted to participate in the free counseling groups and smoking cessation clinics, and around 47% had been willing to purchase medications that would help them stop smoking. Furthermore, the survey found that some inmates had been willing to try to stop smoking and agreed to the idea that tobacco products could be hazardous to health. In addition to ascertaining the rights of non-smokers to good health, it is also imperative to safeguard the means by which inmates may be aggressively motivated and aided to stop smoking. Hence, the Ministry of Justice established the Implementation Plan of the Tobacco Control Measures for Correctional Facilities on April 8, 2010. It was the first time that the smoking cessation service was provided to inmates in correctional facilities under the expectation of being able to realize tobacco control work and aggressively assist and urge inmates to stop smoking.

For the first time as well, the "2010 Quit Smoking and Win" contest was introduced to correctional facilities to encourage inmates to stop smoking and to safeguard the health rights of non-smoking inmates. During the contest, a special reward system for inmates successfully quitting smoking was devised for the inmates to motivate their determination to stop smoking. The contest attracted 2,079 inmates to start smoking cessation. In light of the above, it is imperative that the diversified implementation strategies applied in cross-sectoral cooperation be consolidated to implement the aggressive plan to encourage and help inmates to stop smoking, thereby realizing the ultimate objective of building a tobacco-free environment and gradually reducing the population of smokers in correctional facilities.

In an effort to prevent the growth of the population of smokers, increase the population of quitting smokers, and reduce the hazards of second-hand smoke, correctional facility surroundings were made into environments congenial to smoking cessation. A diversity of smoking cessation assistance services had been provided to enhance the motivation and inclination of smoking inmates to stop smoking and thus, raise the smoking cessation success rate. Salient points of the strategies implemented included the safeguarding of the health rights of non-smokers or inmates with disease afflictions; provision of aggressive assistance to smokers with inclinations to stop smoking and enhancement of smoking management; and regular dissemination of tobacco control and smoking cessation education information. Specific strategies had been formulated for the implementation of the program.

The respective facilities first arranged the smoking cessation lecture seminars. Next, inmates willing to quit smoking were selected; individual plans catering to their needs were implemented to help them stop smoking. Smokers who were willing to stop by sheer will power were first gathered in the same facility sector where they can start smoking cessation ; as for those who needed to rely on nicotine patches in order to stop smoking, their plans were commenced after the nicotine patches had been delivered to the facilities. Then, to bolster the campaign to urge new inmates to stop smoking, a diversity of reward measures were offered to urge them to quit smoking in the beginning of their incarceration. Finally, the respective disciplinary and administration officers implemented aggressive information dissemination campaigns, or even went to the extent of setting examples by starting smoking cessation themselves in order to raise a responsive urge among inmates to stop smoking.



Information on the smoking cessation campaign promotion and lecture seminars implemented in the respective correctional facilities and the data of the smoking cessation lectures held in Taipei Prison and nine other prisons showed that as of year 2011, 136,709 inmates in total had participated in the 1,218 smoking cessation lecture sessions. As for the assistance provided to inmates in smoking cessation, after an inmate presents a report for voluntary participation in smoking cessation campaign, the inmate would be distributed into a smoking cessation class, non-smoking workplace and cell sector; a centralized management system was implemented. Moreover, tobacco-free products would be given to the inmate after he/she voluntarily participated in the smoking cessation campaign. Since September of 2010, applications from inmates were gradually received and professional assistance or prescription of medications aiding their bid to stop smoking was provided. Among the ten participating correctional facilities such as Taipei Prison in 2011, a total of 6,746 inmates participated in the smoking cessation plan for three months, and a success rate of 87.6% (that is, 5,912 inmates succeeded in quitting smoking for three months) was achieved; on the other hand, for 4,567 inmates who participated in the six-month smoking cessation plan, a success rate of 82.33% (that is, 3,760 inmates succeeded in quitting smoking for six months) was achieved. Furthermore, after the implementation of the program, it was noted that when the administration and disciplinary officers of the respective facilities seriously and aggressively implemented the program, higher success rate was achieved, such as the cases of the Ilan Prison, Penghu Prison, and Yenwan Skill Training Institute. Moreover, if the wardens of the facilities themselves set the example by quitting smoking, some inmates would also be motivated to follow suit. Take Yenwan Skill Training Institute for example, the prison guards took the initiative in quitting smoking; moreover, due to the closed facility of the institute, formation and implementation of proper policies, significant results had been achieved after the program was implemented for one year. This type of motivational power may serve as reference for the future policy implementation work of other correctional facilities.

Pricing and Taxation Measures

❖ Proposed Assessment on Increase to Tobacco Health and Welfare Surcharge

Active smoking and second-hand smoke hazards constitute a primary factor in the development of many diseases and death causes. According to WHO statistics, every year around five million people die from smoking-related causes; in other words, every six seconds, one person dies from the consequential diseases of smoking. In an effort to stem the spread of tobacco hazards, in 1997, Taiwan passed the *Tobacco Hazards Prevention Act*. In the ten years following its legislation, strong lobbying campaigns of non-governmental organizations and agencies of the Executive Yuan and Legislative Yuan had enabled the legislation of a number of amendments. On June 15, 2007, the Legislative Yuan passed the third reading of bills for further amendments of the Act; the source of law of the health and welfare surcharge on tobacco products was shifted from the "*Tobacco and Alcohol Tax Act*" of the Ministry of Finance to the "*Tobacco Hazards Prevention Act*" of the health administration authorities. On July 11, 2007, a presidential decree imposed an eighteen-month grace period for its implementation; thus, full implementation of the amendments took effect on January 11, 2009. On January 12 of the same year, an amendment bill enabling the imposition of higher tobacco health and welfare surcharge was passed; thereafter, the tobacco health and welfare surcharge was raised from NT\$ 10 to NT\$ 20 per pack on June 1 of the same year. The two new policies implemented in that year established a new milestone in the battle against tobacco hazards. Their implementation made the public pay more attention to the protection of their health and well-being. The new policies established a new safeguard for the health and welfare of non-smoking 80% population and awakened concerted public efforts in the construction of a health-promoting, tobacco-free environment.

It is explicitly defined in Article 6 of the WHO Framework Convention on Tobacco Control that pricing and taxation measures are effective and important tools for reducing tobacco consumption rate of all age brackets, especially the teen and youth age brackets. In the 4th Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control held in Uruguay in November 2010, the technical report of the WHO Tobacco-Free Initiative pointed out that high tobacco taxes would foster an increase in tobacco product prices and thus reduce consumption rate of tobacco products; the effects of this measure is especially evident among the minors and lower-income and health-disadvantaged population. For the efficient implementation of tobacco control policies, it was strongly recommended that parties to the WHO FCTC study and apply the measures. Raising taxes and prices of tobacco products is a win-win strategy capable of controlling the spread of tobacco hazards and at the same time fostering health development and safeguarding national health and hygiene.

Since the implementation of the new regulations of *Tobacco Hazards Prevention Act* on January 11, 2009 and the raising of tobacco health and welfare surcharge on June 1 of the same year, tobacco control work had been realized through the following measures: information dissemination and education of the health hazards of tobacco products; diversified smoking cessation services; strengthening of law enforcement and inspection measures of local government agencies. However, in consideration the social acceptance and perception, regarding the increment of the tobacco health and welfare surcharge, the following factors should be carefully evaluated to formulate appropriate countermeasures pursuant to the provisions of Article 4 of the *Tobacco Hazards Prevention Act*: smoking-attributable diseases, smoking-attributable disease incidence rate, smoking-attributable mortality rate, smoking-attributable burden on the national health insurance medical expenditures, the tobacco consumption volume and rate of smoking population, rate of tobacco health and welfare surcharge against the average retail price of tobacco products, national income and price indices, and other related factors affecting tobacco product prices and tobacco control efficiency.



TAIWAN TOBACCO CONTROL



2

Reduction of Tobacco Supply



Reduction of Tobacco Supply

✦ Evaluating the Effectiveness of *Tobacco Hazards Prevention Act* Enforcement

The implementation of the new regulations heightened the public awareness of a tobacco-free environment. Majority of the people cooperated in observing the related regulations; however, a minority of no-smoking place owners and tobacco product vendors have challenged the law by stepping into gray areas, thus causing a dent to the ideal of constructing tobacco-free public places for the nation.

Since 2004, the service of an independent impartial organization (Consumers' Foundation of Chinese Taipei) was retained to invite experts and scholars from the fields of public health, medical and healthcare education, and law to form a task force and study the actual law enforcement conditions in cities and counties for the adjustment and formulation of the evaluation standard and enforcement method. The train stations have become the indispensable mass transportation means in the lives of the people, and stores and businesses tend to gather around these areas, thereby creating a more variegated mixture of commercial establishments and providing a more comprehensive constitution for study reference. Thus, in 2011, for a comprehensive understanding of the related law enforcement results and problems, a survey was conducted in 540 sites in 45 townships and villages, during which operators of 550 tobacco vending stores and wholesale outlets had been investigated to determine their knowledge of legal regulations prohibiting smoking for the minors. Furthermore, a new secret survey on no-smoking places defined in Article 15 of the *Tobacco Hazards Prevention Act* was conducted and 1,500 samples were collected in an effort to understand the compliance of these establishments to the provisions of Articles 5, 6, 7, 9, 10, 11, 13, 15, and 16 of the *Tobacco Hazards Prevention Act*.

Onsite Surveys in 22 Cities and Counties

The geographic distribution of onsite surveys, manpower and budgetary constraints meant that a non-probability sampling method was used. Samples were selected using the three-stage stratified sampling framework to establish the relative levels of policy enforcement. In 2011, the on-site evaluation found that the overall compliance rate among the 22 cities and counties on method of tobacco sale (Article 5), health warnings (Article 6), nicotine and tar content labeling (Article 7), tobacco product advertising and promotion (Article 9), restrictions on tobacco displays (Article 10), prohibition on the supply of free tobacco products (Article 11), prohibition on sale of tobacco products to minors (Article 13), no smoking areas (Article 15) and no smoking outside of designated smoking areas (Article 16) was 88.2%. For tobacco sellers, the compliance rate with Article 5 on sale of tobacco products where the buyer's age could not be determined was 99.8%; for tobacco labeling, compliance with Article 6 was 97.4%; for tar and nicotine content labeling, compliance with Article 7 was 100%; for tobacco advertising, compliance with Article 9 was 99.3%; for tobacco product display, compliance with Article 10 was 86.5%; for ban on supply of free tobacco products, compliance with Article 11 was 100%; for no sale of cigarettes to minor teenagers, compliance with Article 13 was 54.8%. For no smoking areas, compliance with Article 15 was 96.1% and 97.0% (unscheduled random inspections conducted in 22 counties and cities) and compliance with Article 16 was 84.6%. Generally speaking, no smoking



signs were displayed at almost all non-smoking areas. Chinese warning pictures and messages were also displayed by tobacco sellers. Violations were more common for tobacco product displays with the problem of additions to tobacco display cabinets being particularly severe (Fig. 2-1).

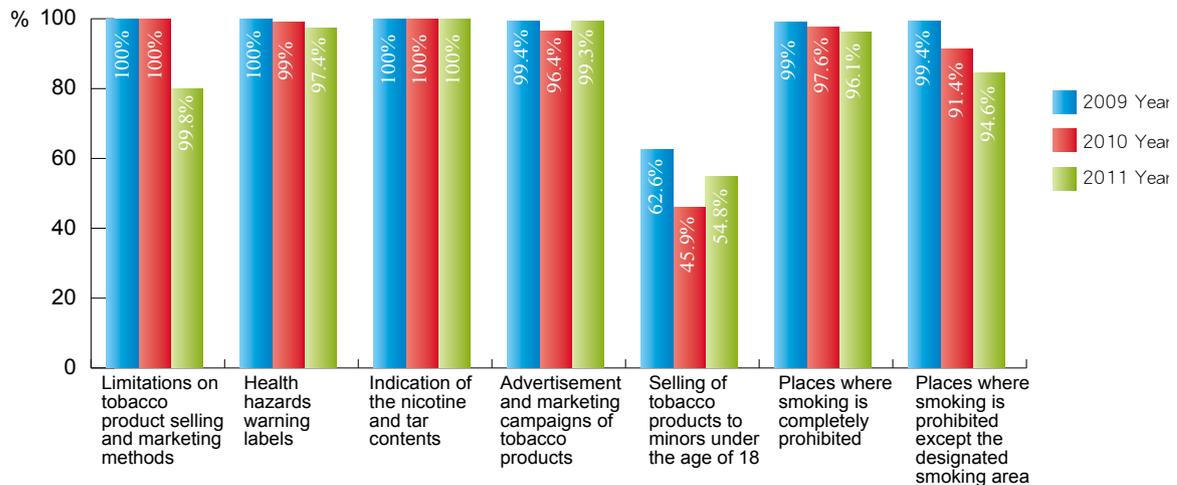


Fig. 2-1 A Comparative Study of the Average Rates of Compliance with the Provisions of Tobacco Hazards Prevention Act (2009 – 2011)

Prohibition on Underage Tobacco Sales and Selling

Pursuant to the "Global Youth Tobacco Survey" (GYTS) on the smoking behaviors of senior high school students in 2009 and junior high school students in 2010, 32.3% of junior high school students and 20.7% of senior high school students had smoked their first cigarettes before the age of ten. Moreover, a site survey was conducted on the effectiveness of the promulgated *Tobacco Hazards Prevention Act*, and in the survey, a group of young adults aged 18 and above wearing school uniforms pretending to be minor students were arranged to buy cigarettes. The survey revealed that 45.2% of stores had violated the law and sold cigarettes to minors. In light of the survey, the problem concerning the tobacco product purchase of minors below the age of 18 became a serious agenda in the campaign to control tobacco hazards.

To determine whether operators of chain convenience stores observe the laws prohibiting the sale of tobacco products to the minors, in the period between May and October 2011, a disguised test was conducted on 564 tobacco product vending stores scattered in 25 cities and counties to determine whether the respective stores are selling cigarettes to minors under the age of 18. The test results indicated that, including the four major convenience stores, chain supermarkets, outlets, betel nut stalls, traditional grocery stores, 45.2% of the storekeepers tended to sell tobacco products to minors under the age of 18; the rate of violations of the four major convenience stores reached 29.3%, and the violation rates of betel nut stalls and traditional stores were even higher, 57.8% and 70.5% respectively. Statistics

revealed that violations by tobacco product vending establishments had been quite serious. Results of surveys conducted in the period from 2005 to 2011 showed quite serious violations; the compliance rates of the respective establishments were 19%, 25.2%, 40.1%, 52.3%, 62.6%, 45.9% and 54.8% respectively. (Fig. 2-2)

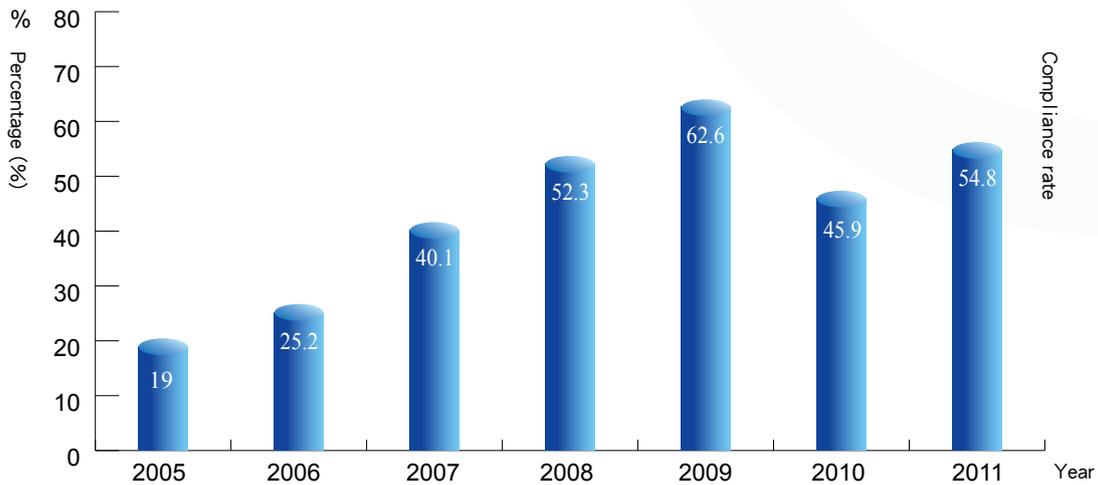


Fig. 2-2 Compliance Rates of Tobacco Product Vendors in the Random Survey on Sale of Tobacco Products to the minors (2005 – 2011)

Compared to the results of the 2010 survey, the rate of selling cigarettes to the minors had dropped from 54.1% to 45.2%. On the sale violations of four major convenience stores, 29.3% of the stores sold cigarettes to the minors in 2011; compared to the rate of 33.5% of 2009, the violation rate dropped by 4.2%. An analysis of the respective violations of four major convenience stores revealed that the highest illegal sale violations reported in 2011 came from OK Convenience Stores and Hi-Life, 33.3%, followed by Family Mart, 32.8%, and 7-11 stores, 26.8%. Moreover, this year, rate of law violations committed by Family Mart (32.8%) increased by 5.3% against the rate of 2010, 27.5%; the rate of violations committed by other three chain convenience stores posted a decline (Fig. 2-3). On the other hand, the nonconformance rates of betel nut stalls for years 2010 and 2011 were 75.7% and 70.5% respectively, posting a drop of 5.2%; however, the nonconformance rates remained high. As for traditional stores, the nonconformance rates for years 2010 and 2011 showed a drop from 83.7% to 57.8%, posting the highest drop of 26%. This year, the four major chain supermarkets, outlets, and hypermarkets were included in the tests; more than 40% (42.0%) of the establishments committed the violation of selling cigarettes to the minors. In general, improvements were noted in the legal violation rate of 2011 compared to the rate of 2010, but there is still a huge room for improvement.

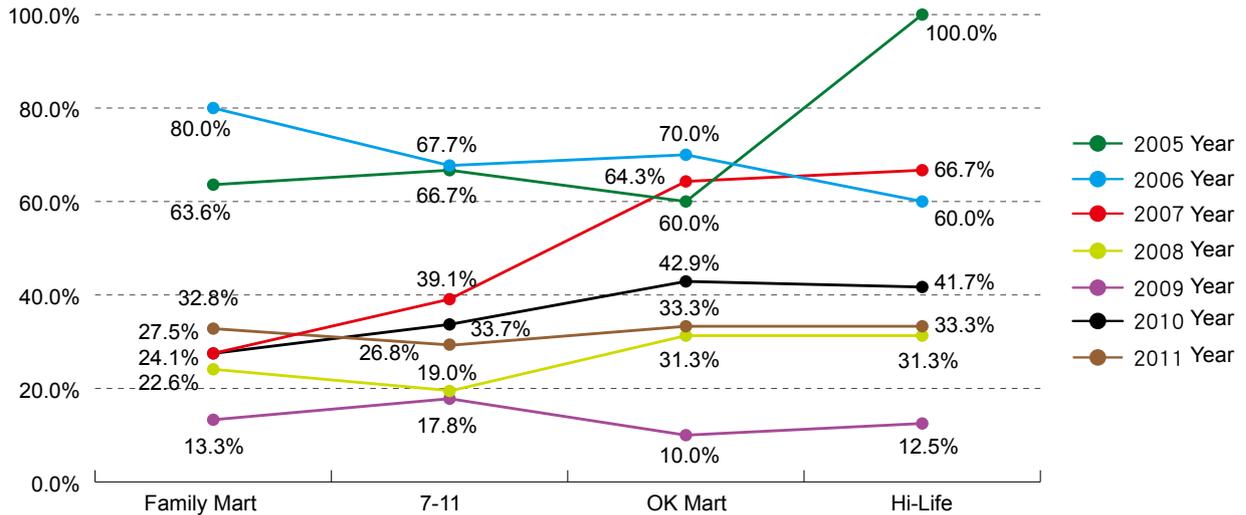


Fig. 2-3 Rate of Chain Stores' Violation of Not Selling Tobacco Product (Under counter test conducted in 2005 - 2011)

Curbing Illicit Trade in Tobacco Products

Article 15 of the WHO Framework Convention on Tobacco Control requires FCTC parties to employ stronger international cooperation to unite efforts in stamping smuggling of tobacco products and to prevent the infiltration of contraband tobacco products into consumer markets through implementation of administrative management and monitoring of the tobacco product selling processes. According to international experiences, it is apparent that tobacco product smuggling is more closely correlated to the law enforcement; hence, to stop tobacco product smuggling, it is imperative that governments commence the strict confiscation of illicit tobacco products, and it is not advisable to employ low tobacco pricing policies.

In order to rectify and reduce flow of inferior-quality contraband tobacco products, the Ministry of Finance established a comprehensive management model under the provisions of the *Tobacco and Alcohol Administration Act*. The inter-agency cooperation system enabled the central and local government agencies and competent authorities to exercise the public authority, aggressively implement the seizure procedures, and enhance the information dissemination. Moreover, tobacco product manufacturers were urged to establish self-management measures, and through mutual information exchanges, implement the procedures for seizure of inferior-quality contraband tobacco products and maintain a legitimate tobacco product market order. Furthermore, a training program to help the seizure authorities to identify inferior-quality contraband tobacco products was held for the upgrading of seizure operations and skills. A supervision and evaluation system was also defined to assess the enforcement performances, thereby enhancing the performance of law enforcement work. In view of the growing globalization and deregulation of trading practices and the continuing innovation of the smuggling or illicit operations of inferior-quality contraband tobacco products, the seizure of these products highly depends on the grasp and compilation of the legal violation information and intelligence.

Pursuant to the Regulations Governing the Allocation and Utilization of the Tobacco Health and Welfare Surcharge, 1% of the health and welfare surcharge shall be allocated to fund the seizure of contraband tobacco products and prevention of surcharge evasion. Moreover, pursuant to the Directions for the Allocation of Tobacco Health and Welfare Surcharge Revenues to the Seizure of Inferior-quality Contraband Tobacco Products and Prevention of Surcharge Evasion Budget, 1% of the health and tobacco surcharge welfare revenues collected shall be further allocated to fund the inferior-quality contraband tobacco product seizure budget (90%) and the prevention of surcharge evasion practices of tobacco product makers and sellers (10%).

For the integrated coordination of the supervision and processing of major regulatory violation cases involving contraband tobacco products, an interagency unit – Central Supervisory Unit for the Handling of Seizures of Tobacco and Alcohol-Related Products – and a task force were organized through the participation of all related agencies, namely, the Ministry of Finance, Ministry of the Interior, Department of Health, Ministry of Justice, Coast Guard Administration, and Consumer Protection Commission. Implementation of the inspection and clampdown operations have been delegated to the authority of a united seizure unit under the participation of the respective local city or county finance departments, environmental protection departments, public health bureaus, commerce and industry offices, news agencies, and police departments. The respective agencies and offices shall jointly implement, within the scope of their authorities, the seizure of illegal trading practices. Under the joint efforts of all related central and local seizure authorities, the seizure performance was enhanced through the proper utilization of existing human resources, review and formulation of the seizure procedures and specific actions, optimization of the delegation of authority and collaboration of functions systems, and planning and preparation of related seizure related actions.

In 2011, the respective special municipality, county, and city governments and local custom offices seized around 11,086,500 packs of contraband tobacco products, showing the positive contribution of the allocated budget for contraband seizure. In the period from 2002 to 2011, quantified data of the seized smuggled tobacco products are as shown in the following statistical table (Table 2-1).

Table 2-1 Confiscated Contraband Tobacco Products (2002 – 2011)

Year	Local Governments		Directorate General of Customs		Total
	Per 10,000 packs	Rate %	Per 10,000 packs	Rate %	Per 10,000 packs
2002	351.29	13.26	2,298.88	86.74	2,650.17
2003	201.11	7.66	2,424.50	92.34	2,625.61
2004	763.60	34.67	1,439.01	65.33	2,202.61
2005	403.88	32.36	844.23	67.64	1,248.11
2006	366.03	55.37	295.01	44.63	661.04
2007	676.52	62.07	413.34	37.93	1,089.86
2008	322.51	72.31	123.47	27.69	445.98
2009	579.2	56.35	448.61	43.65	1,027.81
2010	763.94	49.58	776.87	50.42	1,540.82
2011	772.28	69.66	336.37	30.34	1,108.65
Total	5,200.37	35.62	9,400.29	64.38	14,600.66

Data source: Ministry of Finance

TAIWAN TOBACCO CONTROL



3

Research, Monitoring and International Exchange



✚ Research and Monitoring

Adult Smoking Behavior Survey

In surveillance of the status quo and changing trends of the nation's smoking behaviors which would serve as reference materials for the formulation of future central and local public health department policies, starting in 2004, a telephone survey was conducted on the smoking behaviors of adults at the age of 18 and above. The frame of population of the survey was obtained from the Chunghwa Telecom residence telephone directory. The principle of Probability Proportional to Size (PPS) was employed to draw the exchange code combination and to generate the last two codes through the random-number sampling approach. Thereafter the two codes served as the samples of the telephone survey. After the line is connected, interviewing the survey interview respondent is realized through the sampling method on the household basis. Every year, the survey procedure completes at least 16,000 interview cases.

Smoking Rate

Take a look at the historical trend of the population rate of adults at the age of 18 and above; in 1990, the rate of male and female smoking populations were 59.4% and 3.8% respectively; then in 2002, the male smoking rate dropped to 48.2% and the female rate rose to 5.3%. In 2008, male smoking rate further dropped to 38.6% and female smoking rate fell to 4.8%. The *Tobacco Hazards Prevention Act* amended and effected on January 11, 2009 mainly covered the following matters: expansion of the scope of smoking ban zones; prohibition of advertisement, sales promotion and sponsorship of tobacco products; labeling of health hazards warning graphs and smoking cessation information on packaging; regulation of tobacco product vending establishments and increment of health and welfare surcharge, etc. The 2011 statistical data showed a declining trend in the smoking rate of adults at the age of 18 and above; the rate of male and female smoking were 33.5% and 4.4% respectively (see Fig. 3-1). In the overall smoking rate of counties and cities, Keelung City posted the highest rate (26.5%), followed by Hualien County (22.9%), and Hsinchu County, in third place (22.2%). As for the male smoking rate, Keelung City posted the highest rate (41.6%), followed by New Taipei City (39.6%), and Hsinchu County, in third place (37.1%). As for the female smoking rate, again Keelung City posted the highest rate (10.7%), followed by Taitung County (10.4%), and Taipei City, in third place (8.5%).

An estimation based on the 2011 statistics of adults at the age of 18 and above would show that around 3.5 million adults smoke, and out of this population, 3.1 million smokers were male and 400,000 smokers were female. Based on which, the smoking population has dropped by over 80,000 smokers against the statistics of 2010 and by around 100,000 against that of 2009. The 2011 statistics indicated an exponential growth trend in the smoking rate among young Taiwanese men at the age of 18 - 25; moreover, a gradual escalation was noted every year after age 18; statistics peaked with the 31 - 35 age bracket, meaning that one in every two young adults is a smoker. (See Fig. 3-2) On the other hand, a gradual escalation was likewise noted every year among the female adults at the age of 18 and above; statistics peaked with the 31 - 35 age bracket, meaning one in every twelve female adults is a smoker. (See Fig. 3-3) It is apparent that a serious attention should be paid to the smoking problem among the young male and female adults.

A compilation of the smoking behaviors of male respondents in other nations showed that around 52.1% of the Taiwan male population has never smoked; distribution is similar to those of the US (53.4%), the UK (48.6%), Australia (50.9%), and Canada (46.9%). However, in Taiwan only 14.4% of male smokers have stopped smoking, quite low compared to the counterpart statistics of the US (25.0%), the UK (29.8%), Australia (27.9%), and Canada (33.0). In Taiwan, population of male smokers is 2.4 times the size of the population of smokers who have quit (Fig. 3-4).

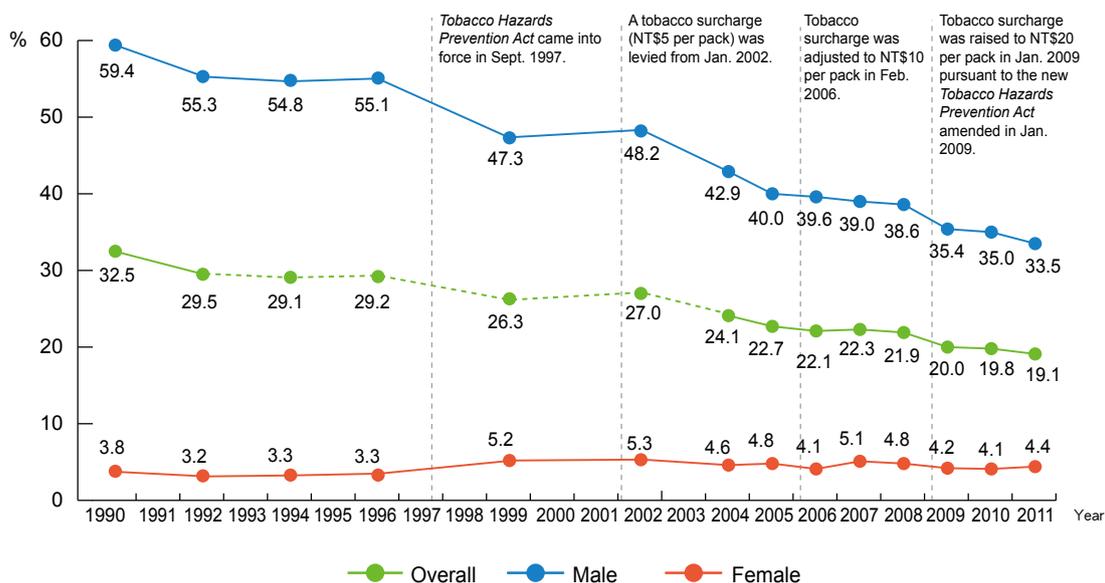


Fig. 3-1 Historical Trend of the Adult (ages 18 and above) Smoking Rate

1. Source of the 1990-1996 data is the survey data of the Taiwan Tobacco & Liquor Corporation.
2. Source of the 1999 data is the survey data of Professor Lee Lan
3. Source of the 2002 data is the survey data of the "2002 Survey of Knowledge, Attitude and Behavior toward Health in Taiwan, Bureau of Health Promotion.
4. Source of the 2004 to 2011 data is the survey data of "Adult Smoking Behavior Survey", Bureau of Health Promotion.
5. The term "smokers" in the 1999 to 2011 data refers to persons having smoked more than 100 pieces of cigarettes (5 packs) from the time they tried smoking to date, and had smoked at least once within the recent 30-day period.

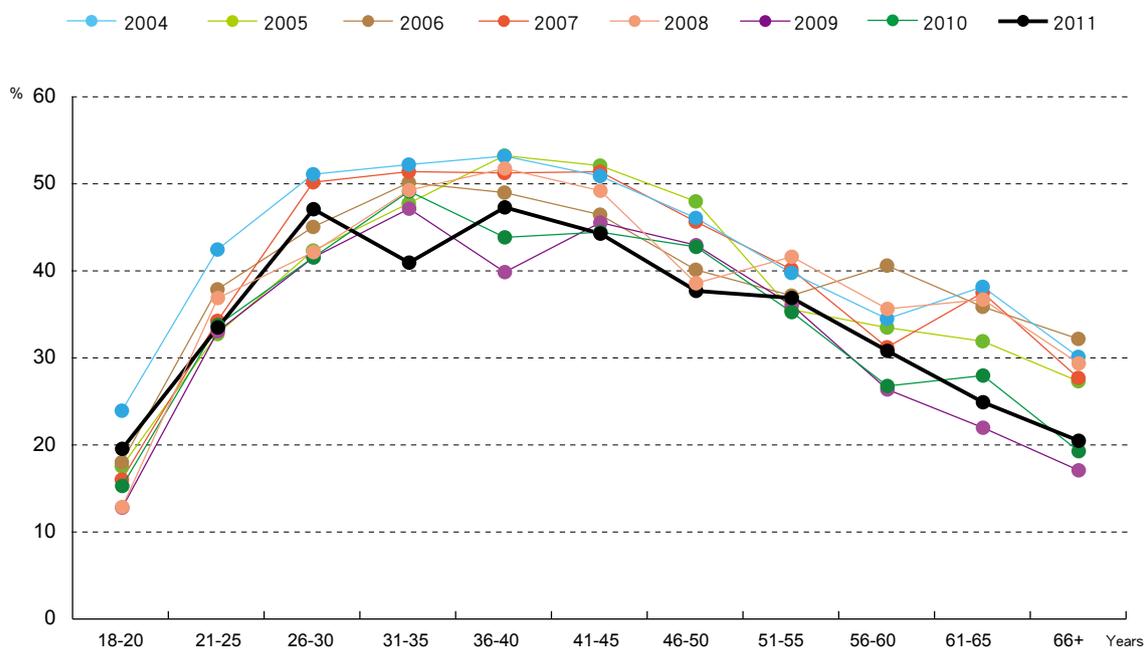


Fig. 3-2 Age Bracket Distribution of Adult Male Smokers above the Age of 18

Data source: 2011 "Adult Smoking Behavior Survey", Bureau of Health Promotion.

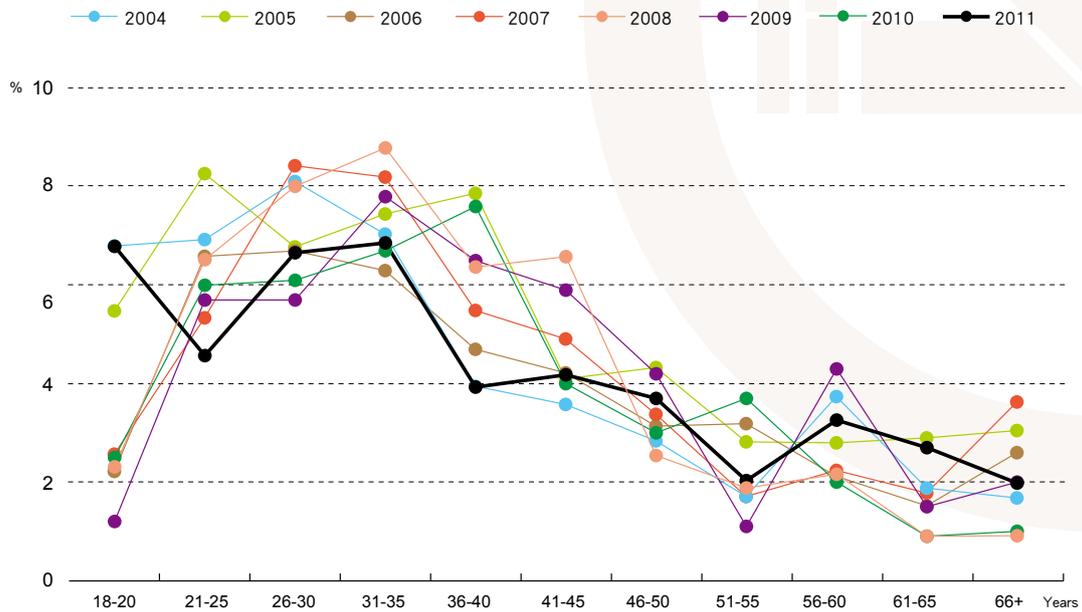


Fig. 3-3 Age Bracket Distribution of Adult Female Smokers above the Age of 18

Data source: 2011 "Adult Smoking Behavior Survey", Bureau of Health Promotion.

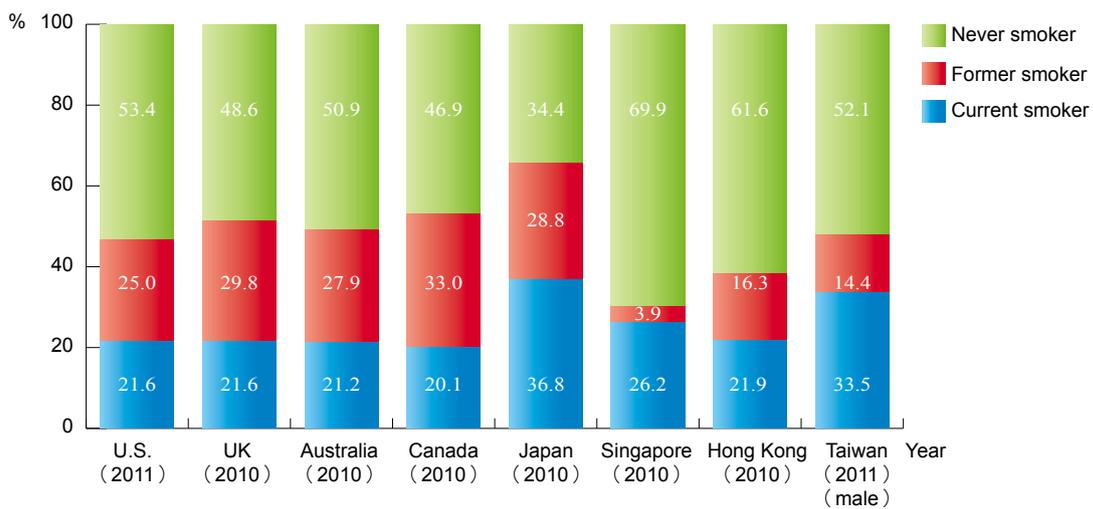


Fig. 3-4 Smoking Rate Distribution in Various Countries

Data source:

1. Early Release of Selected Estimates Based on Data From the 2011 National Health Interview Survey: Current smoking. National Center for Health Statistics, CDC, March 2012. Available at: http://www.cdc.gov/nchs/data/nhis/earlyrelease/201203_08.pdf
2. WHO Framework Convention on Tobacco Control - Parties' reports on the implementation of the convention; available at: http://www.who.int/fctc/reporting/party_reports/en/index.html
3. Behavioral Risk Factors Monitoring of April 2010 of the Center for Health Protection, Department of Health, Hong Kong Special Administrative Region. Available at: <http://www.chp.gov.hk/tc/data/4/10/280/442.html>



Based on global statistics, one in every two smokers dies from a tobacco hazard related cause, and among these smokers who die from tobacco hazard related causes, their average life span is shortened by 10-15 years. In Taiwan, around 20,000 smokers pass away every year unbeknown to the public. The worst hit sector is the low educational attainment group. Pursuant to the survey on the smoking behaviors of adults conducted in 2011, the smoking rate of the male adults at the age of 25-39 was 42.5%; moreover, highly significant difference was noted in the rate of smoking populations of the different educational attainment brackets. The smoking rate is higher in lower educational attainment brackets. According to the 2011 statistics, in the male population of ages 25-39, the smoking rate in the group holding college or higher degrees is merely 25.7%; on the other hand, the smoking rate in the group completing senior or vocational high school education rose to 51.3%, whereas the smoking rate of males completing junior high school education or lower education even shot to a higher rate, 58.1% (Fig. 3-5).

Smoking Cessation Statistics of Other Nations

Results of the 2011 survey indicated that in the past 12 months, around 41.3% of current smokers have tried to stop smoking, of which 40.9% were males and 44.9% were females. The statistics of other countries showed that around 50% of smokers in Vietnam (55.3%), Mexico (49.9%), Thailand (49.8%), and the Philippines (47.8%) have tried to stop smoking in the past year (see Fig. 3-6).

Second-hand Smoke Exposure Rate

The 2011 survey results manifested that in the past week, 19.9% of the respondents had been exposed to second-hand smoke in their homes, 18.4% had indicated that in the past week, someone had actually smoked in front of them inside an indoor workplace or office, and 8.2% had indicated that in the past week, they had been exposed to second-hand smoke in a public space under a regulatory smoking ban. After the expansion of the scope of the public place with smoking ban in 2009, an improvement was noted in the second-hand smoke exposure rate reported for the public places under a regulatory smoking ban and homes (see Fig. 3-7).

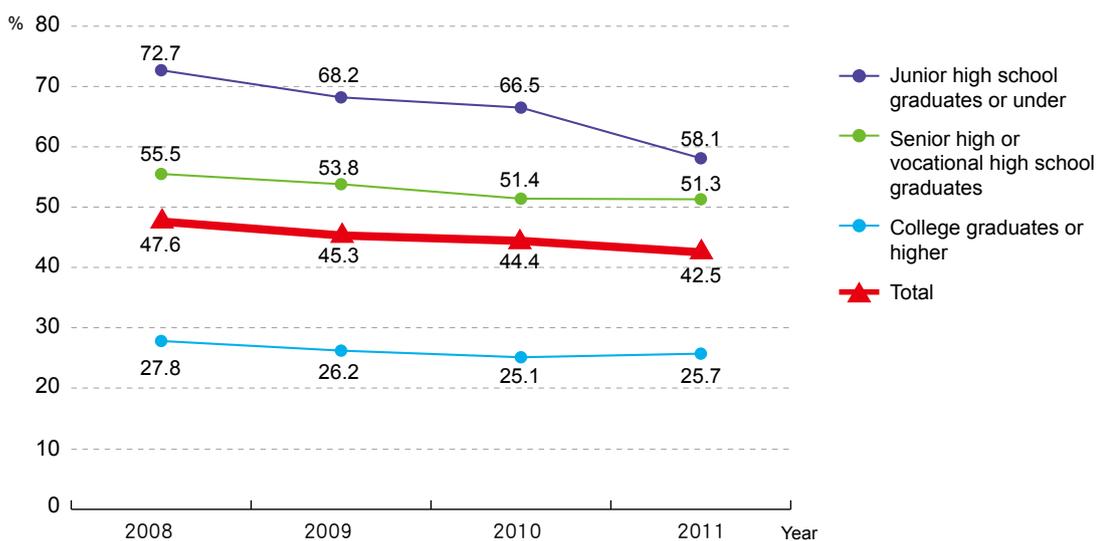


Fig. 3-5 Survey on the Smoking behaviors of Adults of 2008-2011

Data source: 2011 "Adult Smoking Behavior Survey", Bureau of Health Promotion

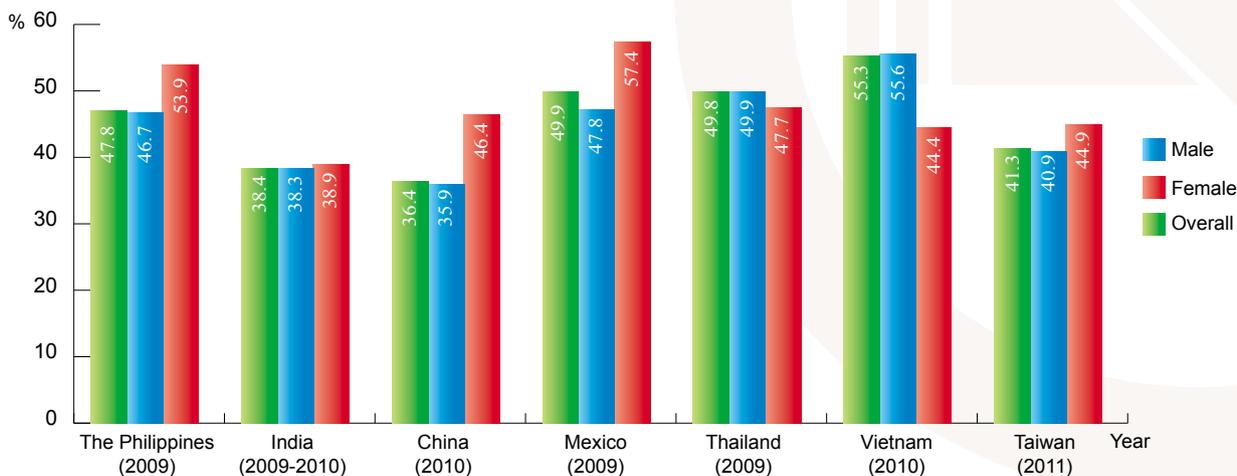


Fig. 3-6 Geographical Distribution of Smokers Having Tried to Stop Smoking

Data source: 2011 "Adult Smoking Behavior Survey", Bureau of Health Promotion and "Global Adult Tobacco Survey".

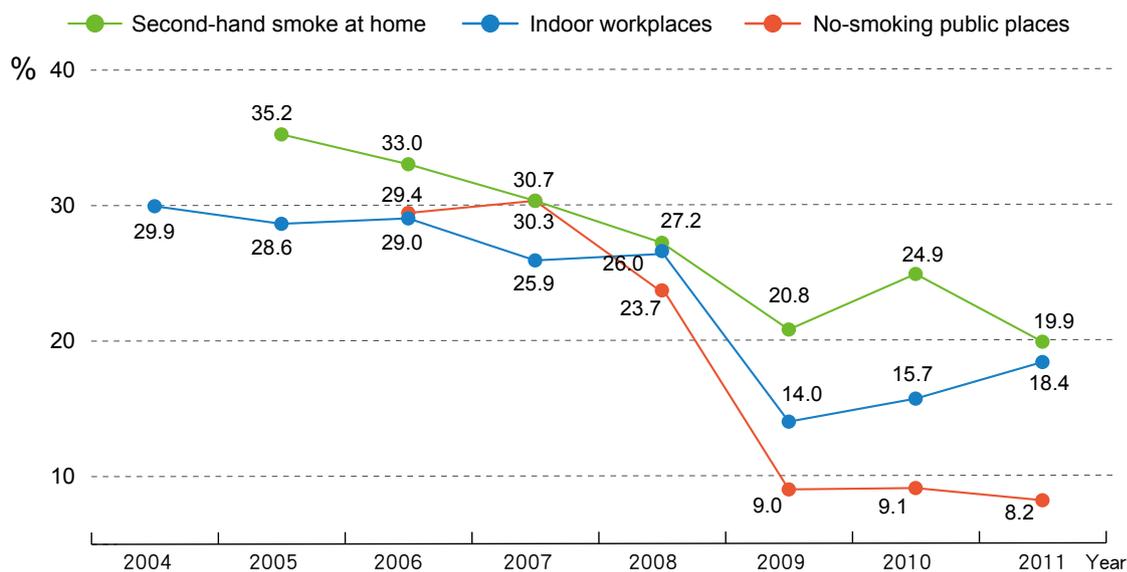


Fig. 3-7 Historical Trend of the Second-Hand Smoke Exposure of Adults

1. Definition of exposure to second-hand smoke at home: means that within the past seven days, someone had smoked in front of the survey respondents at home.
Data source: 2011 "Adult Smoking Behavior Survey", Bureau of Health Promotion.
2. Definition of exposure to second-hand smoke in indoor workplaces: refers to the rate by which a worker is within smelling distance of cigar or cigarette smoke. Data source: "Nationwide Survey on Health Promotion and Tobacco Hazards Prevention at the Workplace", Bureau of Health Promotion, wherein sampling group had been full-time workers at the age of 15 and above.
3. Definition of exposure to second-hand smoke in public places under regulatory smoking bans: refers to the situation wherein individuals had actually smoked in front of the survey respondents in the public places (outside their homes and workplaces) under regulatory smoking bans imposed pursuant to the *Tobacco Hazards Prevention Act* within the past week.



Global Youth Tobacco Survey

Starting in 2004, the bureau established a cooperative venture with the U.S. Centers for Disease Control and Prevention to enable an international comparison of data. The Global Youth Tobacco Survey (GYTS) questionnaire, a design developed by the World Health Organization, was employed. Regular survey on the smoking behaviors of junior high school students and senior and vocational high school students was conducted on an alternating year rotating basis. The data of the yearly survey on junior high school students and senior and vocational high school students were acquired for the implementation of the current policies; hence, starting from 2011, the "Global Youth Tobacco Survey" also included the smoking rate of junior high school students and senior and vocational high school students and the changing trends of their knowledge of and attitude towards tobacco hazards and exposure to second-hand smoke to provide the health and education authorities with references in their planning and assessment of the tobacco control measures implemented in school campuses.

The sample student group selected in this survey is representative of the nationwide student population enrolled in the first, second, and third years of junior high schools, senior high schools, vocational high schools, and five-year junior colleges in the various cities and counties of the country. Sample school were selected through a systematic random sampling procedure and through a second random selection, the sample classes were determined. Finally, survey questionnaires were distributed to all students in the selected sample classes. In the 2011 survey, 41,598 students comprised the sample group (14,356 from junior high schools and 27,242 from senior and vocational high schools). The questionnaires did not contain the students' names; a total of 38,267 valid questionnaires were collected after the survey (13,408 from junior high school students and 24,859 from senior and vocational high school students); that is, a completion rate of 92.0% (junior high school comprising 93.4% and senior and vocational high school comprising 91.3%).

Smoking Rate

In 2011, statistics showed a 14.7% smoking rate in senior and vocational high schools (20.3% of males and 8.1% of females); in comparison, the 2007 survey results showed 14.8% (19.3% of males and 9.1% of females) and the 2009 results showed 14.8% (19.6% of males and 9.1% of females).

On the other hand, the 2011 survey results indicated a 7.3% smoking rate (10.5% of males and 3.7% of females) in junior high schools; in comparison, the 2008 survey results showed 7.8% (10.3% of males and 4.9% of females) and 2010 results showed 8.0% (11.2% of males and 4.2% of females). In general, the rising trend in the smoking rate of the junior high school male population and senior and vocational high school female population had been suppressed for the first time (see Fig. 3-8).



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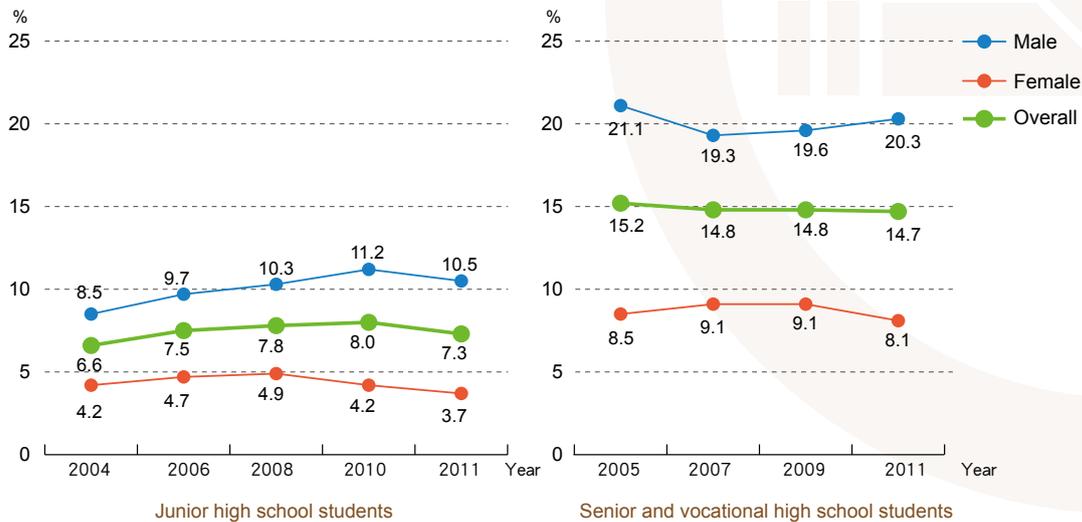


Fig. 3-8 Trend of Current Smoking Rate of Junior High School Students and Senior and Vocational High School Students

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion.
2. Definition of current smoking rate: refers to the students who had or attempted to smoke, even if it was for a puff or two, within the past 30 days.
3. Definition of senior and vocational high school students: refer to students (including night school students) enrolled in the first, second, or third year of any senior high school, vocational high school, and five-year junior college. As indicated in the education statistical data, the net enrolment rate of senior and vocational high schools in the period from 2005 to 2011 rose from 88.53% to 93.2%, a highly representative rate.
4. Based on the statistical education data, the net enrolment rate of senior and vocational high schools in the period from 2004 to 2011 rose slightly from 93.0% to 97.5%, a highly representative rate.

The respective rates of student smokers at the ages of 13, 14, 15, 16, and 17 were 5.8%, 6.2%, 9.2%, 12.2%, 13.0%, and 15.7%; however, the rate of student smokers took a leaping rise after students reach the age of 19 and above, 33.7% (See Fig. 3-9). A further analysis of the survey data of senior and vocational high school students revealed a smoking rate of 3.6%, 16.4%, 16.1%, and 33.2% in the student population currently enrolled in senior high schools, vocational high schools, comprehensive schools, and night school respectively (see Fig. 3-10). It was also noted despite the declining trend in the smoking rate of night school students, but the smoking rate remained high.

A comparison of the survey data obtained from the different types and class levels of junior high school students accelerating to senior and vocational high schools revealed a gradual rising trend in the annual rate of junior high school students and senior and vocational high school students. In 2008, a dramatic increase in the smoking rate of third-year junior high school students (9.2%) accelerating to the first year of senior and vocational high schools in 2009 (14.8%) was noted, around 60.2%; in 2011, the increase in the smoking rate of third-year junior high school students (8.9%) accelerating to the first year of senior and vocational high schools in 2011 (14.4%) was 58.0% (see Fig. 3-11).

Although the smoking rate of third-year senior and vocational high school students was higher than that of third-year junior high school students, a declining trend against the second-year senior and vocational high school students was noted in the 2011 survey data. The respective smoking rates of the first, second, and third year junior high school students were 5.4%, 7.7%, and 8.9%, and those of first-, second-, and third-year senior and vocational high school students were 14.4%, 15.9%, and 13.9% (see Fig. 3-12). Data manifested that the smoking prevalence among students increased with the ages of students.

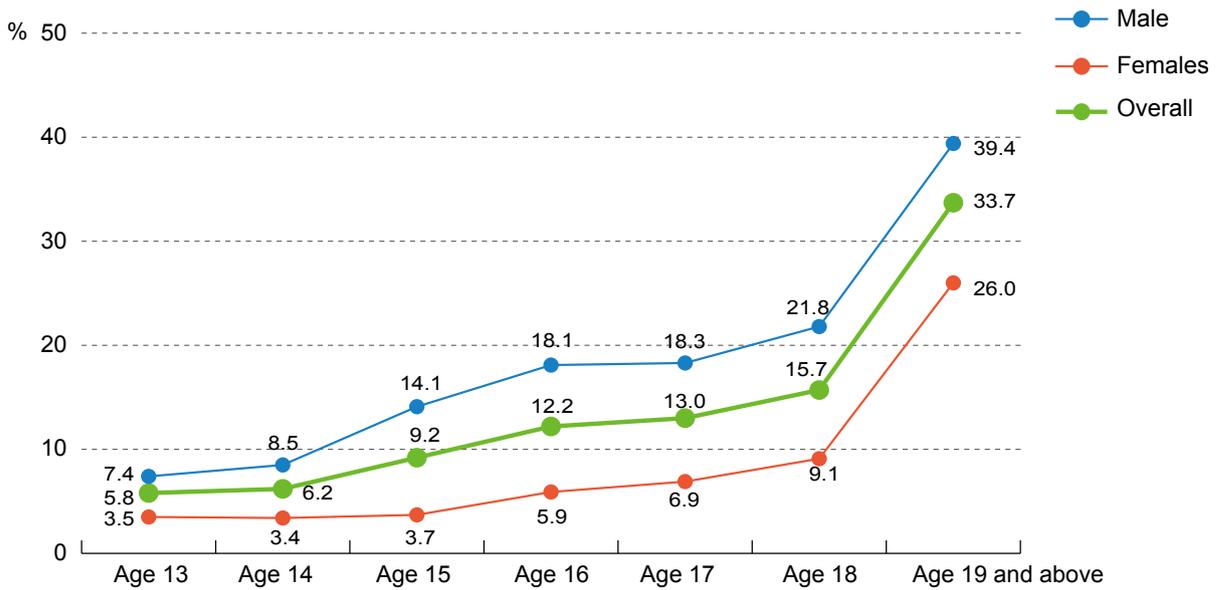


Fig. 3-9 Age Brackets of Student Smokers Attending the Senior and Vocational High Schools

Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion

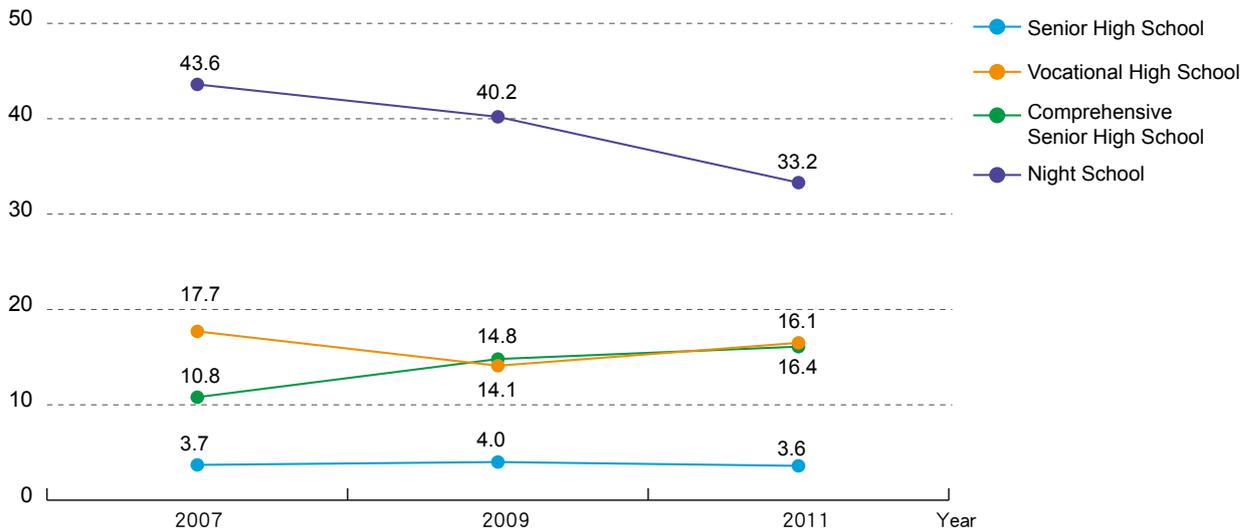


Fig. 3-10 Historical Trend of the Smoking Rate among Different Senior and Vocational High Schools

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion
2. Senior high school refers to the schools offering regular daytime classes to students.
3. Vocational high school refers to the schools offering vocational daytime classes to students.
4. Comprehensive senior high school refers to the schools offering regular daytime classes and vocational daytime classes to students.
5. Night school refers to the schools offering classes in the evenings; including regular and vocational classes
6. Since a different school classification method had been employed for the survey statistics of year 2005, data from this particular year has been excluded.

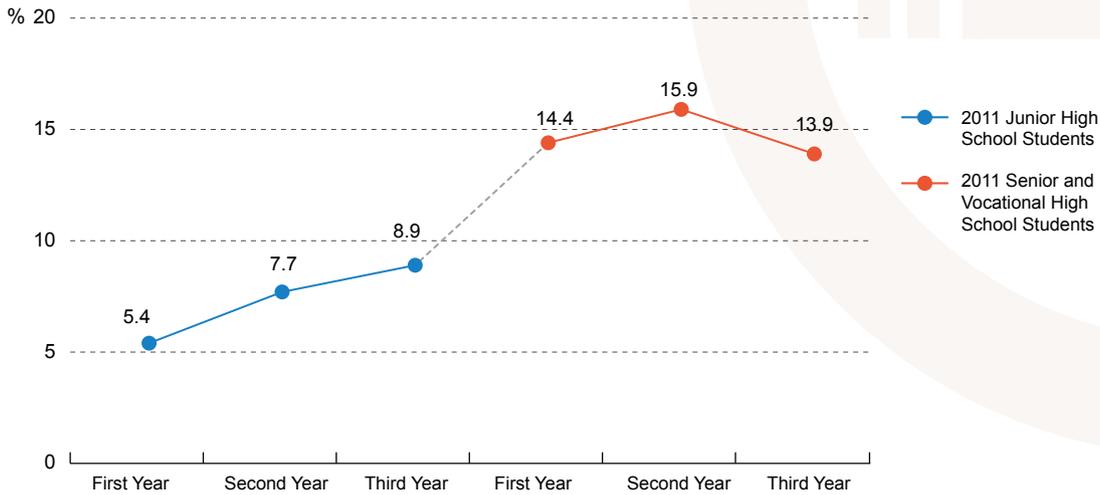


Fig. 3-11 2011 Smoking Rate Among High School Students

1. Data source: 2011 "Global Youth Tobacco Survey Bureau of Health Promotion", Bureau of Health Promotion
2. Definition of senior and vocational high school students: refer to students (including night school students) enrolled in the first, second, or third year of any senior high school, vocational high school, and five-year junior college course.

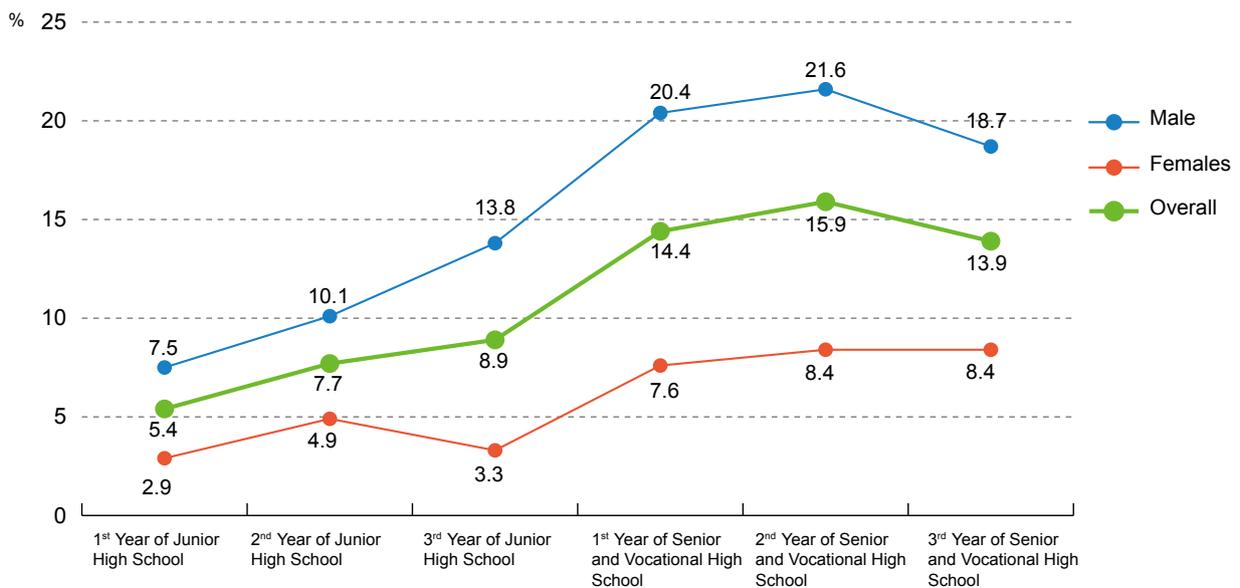


Fig. 3-12 Smoking Rate Among of Junior High School Students and Senior and Vocational High School Students

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion
2. Definition of senior and vocational high school students: refer to students, including night school students, enrolled in the first, second, or third year of any senior high school, vocational high school, and five-year junior college course.



Experience and Inclination of Smoking Cessation

A slight drop in smoking rate also manifested a higher smokers' inclination to stop smoking. In the past year, more than 60% of junior high school smoking students and senior and vocational high school smoking students had attempted to stop smoking (see Fig. 3-13). As for the inclination to stop smoking, around 50% of junior high school smoking students had indicated an inclination to stop smoking and over 60% of senior and vocational high school smoking students had indicated an inclination to stop smoking (see Fig. 3-14).

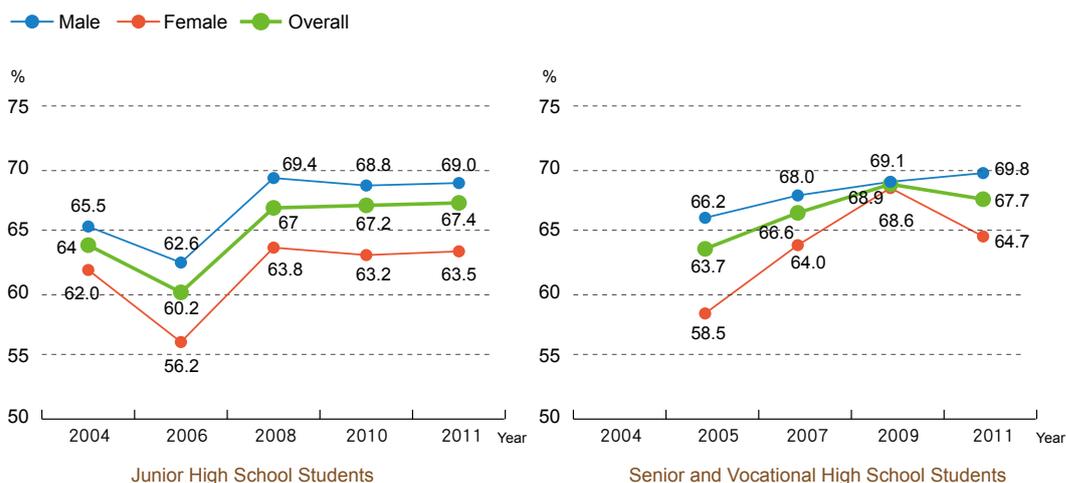


Fig. 3-13 Trend of the Experiences of Junior High School Students and Senior and Vocational High School Students to Quit Smoking

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion
2. Definition of quit smoking experience: any attempt to stop smoking made within the past year

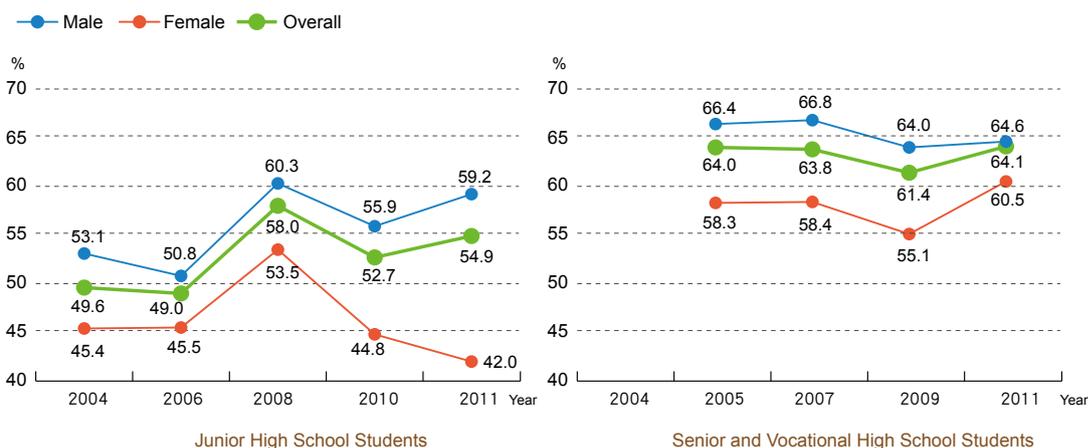


Fig. 3-14 Development Trends of Inclinations of Junior High School Students and Senior and Vocational High School Students to Quit Smoking

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion
2. Definition of inclination to stop smoking: the sense or thought of wanting to stop smoking of a smoker

Second-hand Smoke Exposure Rates in School Campuses

In 2011, 17.8% (20.5% of males and 14.7% of females) second-hand smoke exposure rate was noted in junior high schools; after a comparison with the 19.7% (22.9% of males and 16.2% of females) indicated in the 2010 data and the 21.0% (23.7% of males and 17.8% of females) indicated in the 2008 data, an improvement was noted. On the other hand, the 2011 survey results indicated a 25.8% (31.2% of males and 18.8% of females) second-hand smoke exposure rate in senior and vocational high schools; after a comparison with the 26.9% (33.1% of males and 19.6% of females) indicated in the 2009 data and 35.2% (43.1% of males and 25.9% of females) indicated in the 2007 data, an improvement was likewise noted. In general, despite the decline and improvement in the second-hand smoke exposure rate in school campuses, under the regulations of the *Tobacco Hazards Prevention Act*, a total smoking ban should be imposed in senior and vocational high schools and lower level school campuses. It is apparent that there is still a huge room for improvement in the various level school campus conditions. (See Fig. 3-15)



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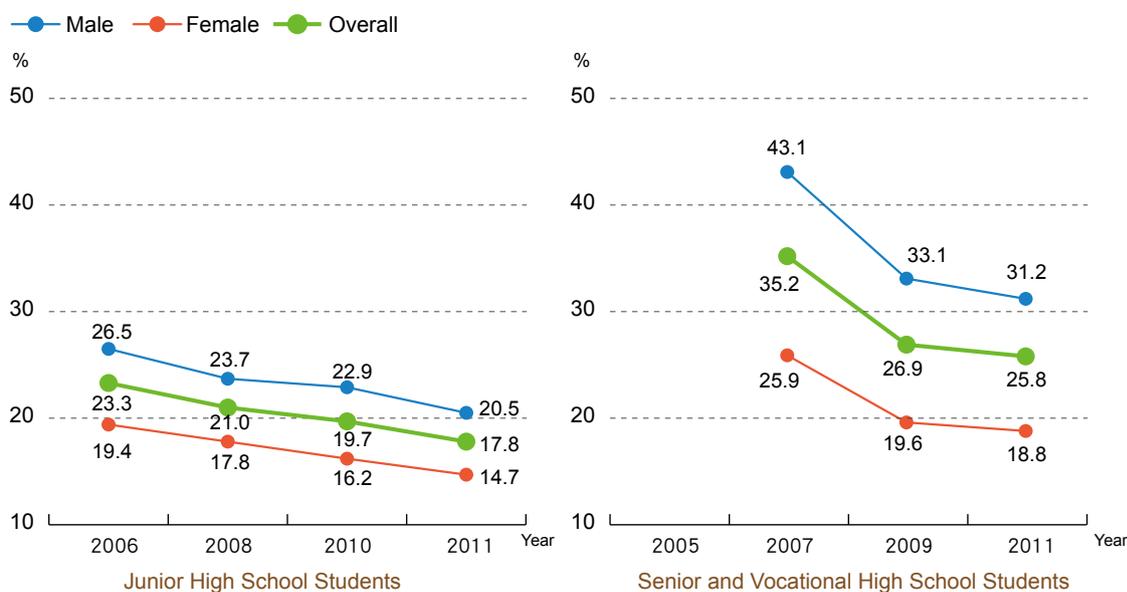


Fig. 3-15 Historical Trend of the Rates of Second-hand Smoke Exposure in School Campuses of Junior High School and Senior and Vocational High School Students

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion
2. Definition of second-hand smoke exposure in school campuses: refers to the presence of persons inside school campuses who smoke in front of the students within the past seven days.
3. No survey data of the second-hand smoke exposure in school campus in 2004 and 2005.

Moreover, the survey found that the principal source of second-hand smoke in schools for teens and minors had been smoking students (junior high school 49.3% and senior and vocational high school 60.9%), followed by individuals from other schools (junior high school 33.8% and senior and vocational high school 21.2%), faculty members (junior high school 6.0% and senior and vocational high school 6.9%), security guards and janitors (junior high school 6.6% and senior and vocational high school 3.9%), principals (junior high school 3.6% and senior and vocational high school 5.6%) and administrative staff members (junior high school 0.6% and senior and vocational high school 1.5%). (See Fig. 3-16)

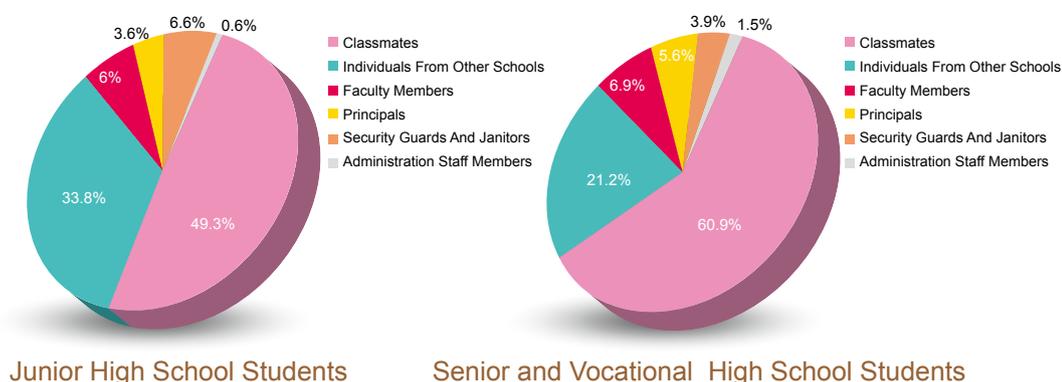


Fig. 3-16 Principal Sources of the Second-hand Smoke exposure of Junior High School and Senior and Vocational High School Students on Campus

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion
2. Definition of principal source of second-hand smoke in school campuses: refers to the presence of persons inside school campuses who smoke in front of the students with a high level of frequency within the past seven days.

Rate of Exposure to Second-hand Smoke at Home

For the great majority of non-smoking minors, many have parents who smoke at home, thus putting them at risk to second-hand smoke exposure. In 2011, junior high school students posted a home second-hand smoke exposure rate of 42.5% (41.5% of males and 43.3% of females); after a comparison with the 44.2% (43.9% of males and 44.2% of females) posted in 2010 and 46.8% (46.2% of males and 47.3% of females) posted in 2008 revealed merely a small degree of improvement. On the other hand, senior and vocational high school students posted a home second-hand smoke exposure rate of 41.2% (39.8% of males and 42.5% of females); after a comparison with the 41.6% (40.5% of males and 41.6% of females) posted in 2009 and 45.3% (44.6% of males and 45.4% of females) posted in 2007, an improvement was likewise noted. It is apparent that home second-hand smoke exposure rate of the minors remained quite high (See Fig. 3-17).

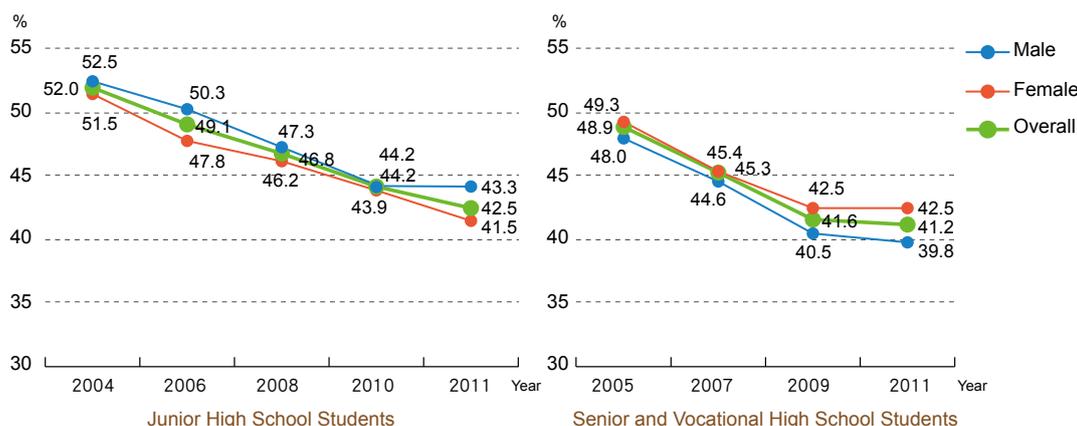


Fig. 3-17 Rate of Second-hand Smoke Exposure of Junior High School and Senior and Vocational High School Students at Home

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion
2. Definition of exposure to second-hand smoke in homes: means that within the past seven days, someone had smoked in front of the students at home.

Smoking students had indicated that the home was the place where they attempted smoked for the first time (37.8% of junior high school students; 30.8% of senior and vocational high school students); which is higher than that of the generally expected public places (27.5% of junior high school students; 27.1% of senior and vocational high school students), schools (13.3% of junior high school students; 17.5% of senior and vocational high school students), friends' residences (6.0% of junior high school students; 6.4% of senior and vocational high school students), and social event venues (3.5% of junior high school students; 5.6% of senior and vocational high school students). (See Fig. 3-18)

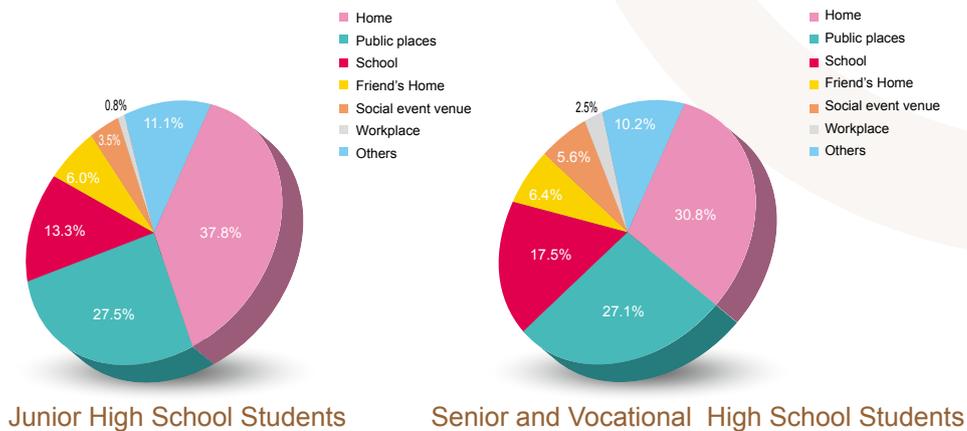


Fig. 3-18 Places where smoked for the first time of junior high school and senior and vocational high school students

1. Data source: 2011 "Global Youth Tobacco Survey", Bureau of Health Promotion
2. Definition of social event venue: e.g., friend's party, wedding banquet, and other social activity venues
3. Definition of public places: e.g., Internet cafes, parks, department stores, streets, etc.

On the other hand, 10.2% and 19.4% of the smoking students in junior high schools and senior high schools have at least one parent smokes, which are both twice (2.4 times for junior high school students and 2.0 times for senior and vocational high school students) the smoking students having non-smoking parents (4.3% of junior high school and 9.6% of senior and vocational high school students). Moreover, the previous smoking rate of students exposed to second-hand smoke at home and the current smoking rate and probable smoking rate are higher compared to the students who have no home exposure. It is apparent that having a family example who smokes could increase their possibility of developing smoking behaviors; thus, the implementation of a tobacco-free home environment is not a matter to be delayed.

青少年第一口菸 在家比率最高

記者魏怡馨 / 台北報導

不少青少年常覺得吸菸「很酷、很帥、與眾不同」，但國健局調查卻發現，95%以上的受訪青少年認為，吸菸男女都沒有吸引力，尤其是對女性吸菸者的負面印象更差。值得注意的是，調查也發現，33%以上的青少年第一次吸菸的地方是在家裡，也是他們最常吸菸的地方，佔25%以上，父母宜多留意。

國健局在98年及99年陸續完成國中、高中職學生「青少年吸菸行為調查」，結果發現，高達95.7%的高中職學生認為，吸菸男孩沒有吸引力，有98.1%的高中職學生認為，吸菸女孩沒有吸引力；95.6%的受訪國中生認為，吸菸男孩沒有吸引力，97.8%認為吸菸女孩沒有吸引力。

調查亦發現，82.6%的高中職學生對吸菸男性持負面印象，例如缺乏自信、愚蠢、隨便及失敗者，僅17.4%對吸菸男性持正面印象；另高達95%的高中職學生對吸菸女性持負面印象，僅3%持正面印象；至於在國中方面，86.1%的學生對吸菸男性持負面印象，13.9%對吸菸男性持正面印象，另高達96.2%的學生對吸菸女性持負面印象，僅3.8%對吸菸女性持正面印象。

調查發現，高中職生第一次吸菸的場所以家裡最多，佔33.5%，其次分別為網咖、公園、百貨公司及街上等公共場所，佔22.7%，再者為學校，佔18.9%；國中生方面，家佔39.9%最高，其次是公共場所，佔25%，再者為學校，佔12.6%。

至於青少年最常吸菸的地方，高中職生部份，30.4%在公共場所，25.9%在家，10.7%在學校；而在國中生部份，32.9%在公共場所，29.6%在家，10.6%在學校。

國健局官員表示，家是影響孩子最大的地方，年輕人吸菸容易衍生多重成癮，時值暑假期間，青少年有許多閒暇時間待在家中或與同儕接觸，家長應多關心家中孩子的健康及交友狀況，避免他們嘗試第一口菸，除以身作則不吸菸外，多陪孩子從事戶內外健康休閒活動也是不錯的選擇。



Tobacco Information Monitoring

The new regulations of the *Tobacco Hazards Prevention Act* of 2009 strictly prohibit the sales promotion of tobacco products or advertisement of tobacco products; however, in some animated cartoons, appearance of smoking scenes could not be effectively eliminated from the screen. This phenomenon transformed the advertisement of tobacco product messages from direct, hard-sell advertisement and marketing to indirect, soft-sell advertisement.

In 2011, the services of experts and scholars were engaged to monitor TV shows and movies for appearance of tobacco product message scenes. In the six-month implementation of the program (from May to October 2011), a total of 103 movies (including movies shown in cinema, DVDs and Chinese and English movie channels of TVs), 396 TV series programs (including five major TV show types – drama, animation, variety shows, leisure and musical, and sports programs which viewing rates were ranked top five on the first week of every month by the AGB Nielsen), and 257-hours TV news programs (that is, in 9 TV channels and the 7-8 o' clock evening news of cable TV channels) were monitored.

Monitoring data revealed that in 2011, average appearance of tobacco related messages in movies was 14.14 times and although it is lower than the average shown in the past few years (years 2008-2010) (see Table 3-1), the proportion of tobacco related message shown in movies in the past two years remained one third. Furthermore, another noteworthy matter is that tobacco related message shown in Chinese language films over the past four years was higher than that in foreign language films (see Table 3-2). Based on the appearance in three movies *Water for Elephants* (appeared 50 times), *X-Men : First Class* (appeared 45 times) and *To Live and Die In MongKok* (appeared 43 times), the appearance rate of tobacco product messages had exceeded 40 times. If the length of a movie is estimated at 100 minutes, then in the three movies alone, it may be said that one scene carrying a tobacco related message shown in every 2 - 3 minutes (see Table 3-3); moreover, these three films were averagely rated as Parents Strongly Cautioned or Parental Guidance Suggested movies.

Table 3-1 Tobacco Related Messages Shown in Movies: A Comparative Study of Years 2008-2011

Item	2008		2009		2010		2011	
	Films Showing Messages	Percentage						
Appearance of tobacco product messages	47	58.8	63	60.5	31	30.4	35	34.0
Films Monitored	80	100.0	104	100.0	102	100.0	103	100.0
Average appearance frequency of tobacco product messages	21.3		26.8		27.8		14.1	

1. Date source: 2011 "Evaluation of Health Issues Campaign Monitoring of Tobacco Product Placement", Bureau of Health Promotion

2. Average appearance frequency of tobacco product messages = total appearances of tobacco product messages / films showing tobacco product messages

Table 3-2 A Comparative Study of the Appearance Frequency of Tobacco Product Messages in Chinese Language and Foreign Language Films (2008 - 2011)

Item		2008	2009	2010	2011
Chinese language films	Total samples (films)	17	14	17	20
	Films showing tobacco product messages	15	13	7	11
	Appearance frequency of tobacco product messages	512	511	239	163
	Average appearance frequency of tobacco product messages per film	34	39	34	14
Foreign language films	Total samples (films)	63	90	85	83
	Films showing tobacco product messages	32	50	24	24
	Appearance frequency of tobacco product messages	491	1,174	623	332
	Average appearance frequency of tobacco product messages per film	15	24	26	14

Date source: 2011 "Evaluation of Health Issues Campaign Monitoring of Tobacco Product Placement", Bureau of Health Promotion

Table 3-3 Hit Movie Films of 2011 vs. Appearance of Tobacco Products Related Messages

Title of Movie	Appearance Frequency of Tobacco Product Messages	Rating	Type
Water for Elephants	50	Parents Strongly Cautioned	Foreign language film
X-Men : First Class	45	Parents Strongly Cautioned	Foreign language film
To Live and Die In MongKok	43	Parental Guidance Suggested	Chinese language film
Mega Snake	39	Parental Guidance Suggested	Foreign language film
Rango	37	General Audiences	Foreign language film
Tropical Fish	34	Parents Strongly Cautioned	Chinese language film
Final Destination 2	34	Restricted	Foreign language film
Swordsmen a.k.a. Dragon	30	Parental Guidance Suggested	Chinese language film
The Unborn Child	22	Parents Strongly Cautioned	Foreign language film
Drive Angry	16	Restricted	Foreign language film
Make Up	16	Parental Guidance Suggested	Chinese language film
Black Swan	14	Restricted	Foreign language film
The Child Prodigy	12	Parents Strongly Cautioned	Foreign language film
Sucker Punch	11	Parents Strongly Cautioned	Foreign language film

1. Date source: 2011 "Evaluation of Health Issues Campaign Monitoring of Tobacco Product Placement", Bureau of Health Promotion

2. The chart merely listed films where tobacco product messages appeared for at least 10 times.



In the five types (sports, drama, leisure and musical, variety shows, and animated cartoons) of TV films analyzed in the study, it was noted that the most films showed of tobacco related information were the animated cartoons. In a particular long-running animated cartoon program for instance, monitoring conducted in 2011 noted that the appearances of tobacco products per episode had averaged 16.75 times; that is, the showing of one tobacco product message in an average span of 1 to 2 minutes. Although during the airing of the animated program, a "smoking is hazardous to health" warning reminder had been posted all the time (100%), the regular showing of this animated film for a protracted period of time provided a subliminal feed of tobacco products use to undiscerning child audiences. It is without doubt a film that provides a negative influence on children.

From the pattern of anti-smoking messages, it is evident that in the TV news broadcasts of 2011, the rate of anti-smoking messages aired has gradually declined (2.6% in 2008, 16.3% in 2009, 27.8% in 2010, and 8.4% in 2011). Since the implementation of the new *Tobacco Hazards Prevention Act* in January 2009, based on the heat of enthusiasm of airing anti-smoking news reports in TV news programs maintained in the past 2 years, an apparent decline had been noted in the 2011 statistics.

According to the medical research, that exposure of teens and children to smoking images in their growing years has a serious impact on their development of a smoking behavior in the future. The Bureau and the National Communications Commission (NCC) jointly established the Principles for Producing, Airing, and Processing of Smoking Images Appearing in Radio and TV Programs in 2009 and had communicated with media channels on the posting of additional warning notices to remind teen and minor audiences to watch out for tobacco product messages, thereby alleviating the negative impacts which may create on the minds of the young. Furthermore, in 2011 the NCC published the White Paper on the Rights of Minors and Children to Access Media Channels and therein pointed out that the NCC should continue to urge the media to implement professionalism cultivating classes, establish more detailed classification of the TV program rating system, and introduce the scene subtitling system. Moreover, in addition to the existing program rating system, the program promoters should show the warning subtitles a few seconds before the appearance of the scenes which are inappropriate, such as substance abuses, thereby warning parents to pay attention to the TV program watching behavior of their children. The measures may more aggressively urge parents to pay attention to the scenes carrying tobacco product messages and reduce the children's exposure to which, thereby taking part in the construction of a health viewing and listening environment for their children.



Tobacco Consumption Monitoring

Since the invention and mass production of cigarettes in 1881, global consumption volume of tobacco products posted an annual growth. To date, total annual production volume of cigarette makers is around 5.6 trillion pieces, providing an estimated 900 pieces of cigarettes for every male every year. The World Health Organization pointed out that approximately 1.3 billion people smoke around the world, and male smokers comprise around 1 billion of the smoking population. The male smoking rate in developed countries is estimated to be around 35%, and in developing countries, the male smoking rate is around 50%. The male smoking rate of Mainland China is even higher, 70%; that is, consumption of more than 30% of the total tobacco product production volume. It is also the most important tool by which cigarette makers expand their markets.

It was pointed out by the World Bank in 1999 and by the World Health Organization in 2008 that when prices of cigarettes increased by 10%, the tobacco product consumption volumes dropped by around 4% in high-income standard countries and by around 8% in middle-to-low income standard countries. Since 1980, Finland, Denmark, Canada, Iceland, the US, Nepal, and New Zealand had started increasing their tobacco taxes under the objective of reducing tobacco product related consumer spending.

In Taiwan, following the imposition of tobacco health and welfare surcharge and the full blast implementation of tobacco control operations, the domestic male adult smoking rate estimated at 48.2% in 2002 dropped to an estimated 33.5% by 2011, whereas the female adult smoking rate remained the same at around 4 – 5%. However, in the period from 2009 to 2011, a gradual decline was noted in the smoking rate of male adults. As for the national consumption volume of tobacco products, a survey conducted on the smoking behaviors of adults revealed that in 2011, the average daily smoking volume of smokers was 18.7 pieces (males 19.8 pieces/day and females 10.1pieces/day); in 2010, the average volume of 18.6 pieces was noted (males 19.3 pieces/day and females 11.7 pieces/day), in 2009, 18.0 pieces (males 18.8 pieces/day and females 10.8 pieces/day), and in 2008, 19.0 pieces (males 19.9 pieces/day and females 11.4 pieces/day); in short, a gradual resurgence was noted in the average daily smoking volume.

Pursuant to the statistics of the Ministry of Finance, in 2011, the total volume of cigarette sales amounted to 37.3 billion pieces, a decrease of around 2.10% vis-à-vis the total sales volume of 2009, 38.1 billion pieces. The statistics manifested that the imposition of the tobacco health and welfare surcharge could cause a minimal consequential increase in tobacco prices; however, such increase did not result in any substantial decrease in the tobacco product consumption volume of the nation (Fig. 3-18).

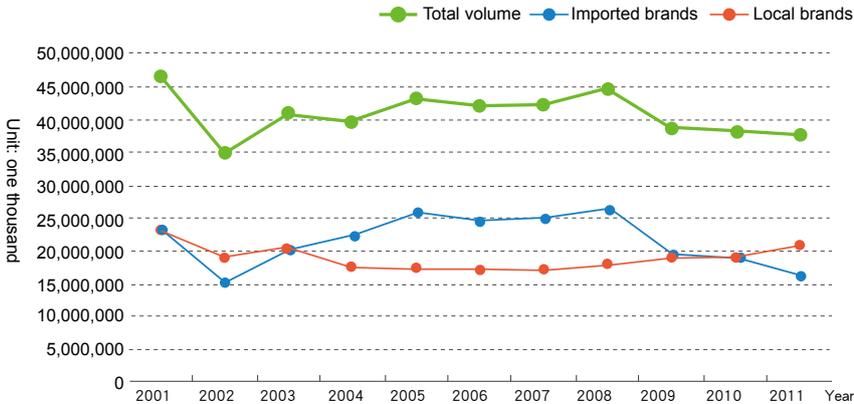


Fig. 3-18 Total Cigarette Sales Volume (2001- 2011)

Data source: Tobacco and Alcohol Administration Website of the National Treasury Administration, Ministry of Finance, <http://www.nta.gov.tw/>



✚ Tobacco Ingredients Control and Regulations

Developments in Testing and Research of Tobacco Product

Tobacco Product Emission Standards

Since tobacco products produce substances hazardous to the human body when burnt, such as nicotine, tar and carbon monoxide, the central competent authority, the Department of Health, declared an order requiring the labeling of the maximum nicotine and tar contents of cigarettes on packages on October 16, 1997; in the period from July 1, 2001 to June 30, 2007, nicotine and tar content of cigarettes per piece had been 1.5 mg/piece and 15 mg/piece respectively, and starting from July 1, 2007, nicotine and tar content per piece were 1.2 mg/piece and 12 mg/piece respectively. In response to the amendment of Article 8 of the *Tobacco Hazards Prevention Act* effected on March 27, 2009, the Department of Health authorized the formulation of the Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and under the provisions of Article 7 of said regulations, the DOH pegged the maximum limit for nicotine and tar content of cigarettes per piece down to 1 mg/piece and 10 mg/piece from April 1, 2009.

Research & Development of Tobacco Product Testing Technology

Inspection technology has been developed for establishing a system which monitors the changes in the nicotine, tar and carbon monoxide content trends of cigarettes sold in the market. Moreover, test procedures for detecting the carcinogenic substance forms of nitrosamines [N-Nitrosornicotine, 4-(Methylnitrosamino)-1-(3-pyridyl)-1-butanone, N-Nitrosoanatabine, and N-Nitrosoanabasine] in the main smoke streams of cigarettes were also researched and developed. As for the monitoring survey of heavy metal contained in tobacco leaves (arsenic, cadmium, chromium, lead, mercury, nickel, and selenium), in addition to compiling tobacco product related international technological development and control trends, the monitoring information concerning the tobacco product composition control, technical research, and nicotine and tar contents and other hazardous substances of tobacco products were also used as the testing foundation for distinguishing the inferior quality tobacco products referred in Article 7 of the *Tobacco and Alcohol Administration Act*.



© Use of the smoking machine to detect the substances hazardous to health

Establishment of the Inspection and Monitoring Data

In July 2001, the sampling inspection of cigarettes sold in the market was conducted to check on their nicotine and tar contents, and in 2006, carbon monoxide was added into the regular monitoring test items. The nicotine and tar content inspection tests were conducted through laboratory procedures executed pursuant to the related standard and conditions defined by the International Standard Organization (ISO). In 2011, sampling tests were conducted on 6 types of domestic cigarette brands, 41 imported cigarette brands, and 3 local cigarette brands, adding up to a total of 50 brand (300 items) subjects of the nicotine, tar, and carbon monoxide content survey on mainstream market cigarettes. The inspection results indicated that nicotine contents of cigarettes ranged between 0.31 and 0.08 mg/piece and tar contents ranged between 3.2 and 11.3 mg/piece; both substances were under the maximum content limit stated in the Department of Health announcement (pursuant to the Inspection Procedure for Cigarettes – Smoking declared by the Department of Health; margin of error tolerance of the inspection data is $\pm 20\%$); whereas, carbon monoxide contents ranged from 2.6 to 13.2 mg/piece (content standards for carbon monoxide had not yet been determined). According to the annual nicotine and tar contents of cigarettes in the period from 1995 to 2011, long-term trends showed an annual declining trend in the nicotine and tar contents of cigarettes sold in the market (see Fig. 3-19 and Fig. 3-20); in fact, decline of the nicotine and tar contents of domestic brand cigarettes took on a faster rate before 2010, but picked up an increase in year 2011. It is advisable that continued monitoring of the content changes should be maintained.

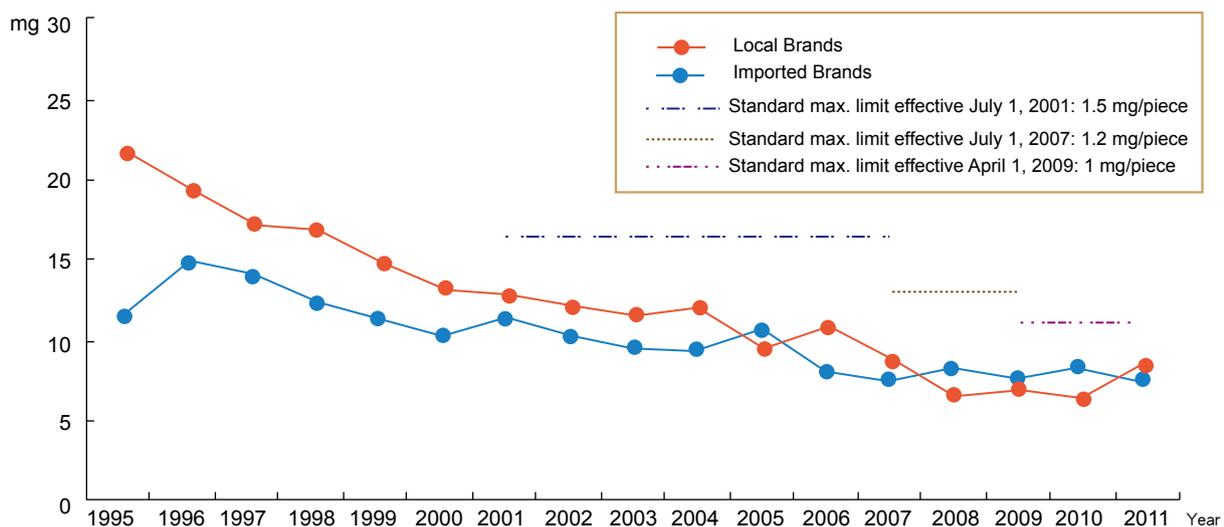


Fig. 3-19 Historical Trend of the Annual Average of Nicotine Content in the Mainstream Emission Cigarette Product Brands Available in the Market

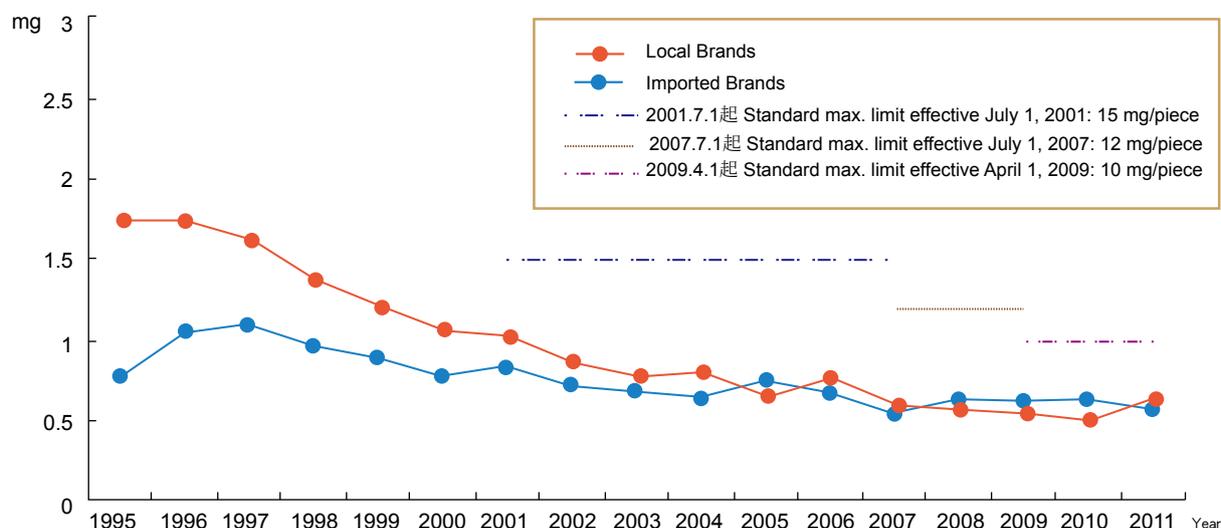


Fig. 3-20 Historical Trend of the Annual Average of Tar Content in the Mainstream Emission Cigarette Product Brands Available in the Market

Reporting of Tobacco Product Information

Since the ingredients and additives of tobacco products and the emissions of tobacco are addictive and toxic by nature, the tobacco ingredients, toxic substance contents, and other emitted substances should be declared with the government pursuant to Articles 9 and 10 of the WHO FCTC, thereby fostering the open transparency of tobacco product related information. Moreover, parties to the FCTC are required to implement controls and inspections on tobacco ingredients to foster the open transparency of tobacco product related information. The government and general public should have a clear knowledge of tobacco product related information to enable the prevention of tobacco-related health hazards.

In the amended Article 8 *Tobacco Hazards Prevention Act* ratified on July 11, 2007, it is prescribed that tobacco product makers and dealers are obliged to declare all related information of their tobacco products. The central competent authority, the Department of Health, also ratified and announced the Regulations Governing the Reporting of Tobacco Product Information on December 4, 2008 regulating the requirement for tobacco product makers and importers to declare the ingredients and additives in tobacco products and the emitted substances and their toxicity information and prescribing the inspection procedure of declared items and the declaration procedures and deadline.

As of December 31, 2011, a total of 112 enterprises had declared relevant information of their tobacco products; a total of 2,223 tobacco products had been declared. Pursuant to the monthly tobacco product importation information provided by the M.O.F. Directorate General of Customs, the Bureau verified the information of every product declared by the tobacco products importers according to regulatory requirements. Fines ranging from NT\$ 100,000 to NT\$ 500,000 were imposed on cases of delayed declarations, declarations containing inaccurate information, or failure to declare, as prescribed in Article 25 of the *Tobacco Hazards Prevention Act*; furthermore, importers were ordered to process declaration within a given deadline. Failure to file declaration thereafter shall subject the importer to penalty fines that may be imposed consecutively according to the number of times a declaration deadline is not met. In 2011, 17 cases were fined; total fines amounted to NT\$ 1.7 million.

To facilitate management of declared information, the Bureau commissioned the formulation of the Tobacco Ingredient Information Website Construction and Maintenance Plan, and a closed database system was established for the saving and transmission of confidential information that tobacco product manufacturers and importers shall declare to the government. As for the declaration information open for public access, a tobacco ingredient information website was established for the open information of the general public and processing of normal requests of viewers for the disclosure of ingredients, additives, emitted substances and toxicity information of tobacco products. Since the opening of the website for viewing in April 2010 to December 31, 2011, it had been browsed by 32,228 viewers, browsed 41,357 times, and clicked at 2,412,250 times.

✚ International Exchanges

Multilateral International Cooperation

Article 22 of the "WHO Framework Convention on Tobacco Control" requires that all parties to the FCTC should establish mutual collaborations through international institutions to enhance the transfer and sharing of technology, scientific and legal expertise and techniques for the formulation and enhancement of the country's tobacco control strategies, programs, and planning work. In 2003, Taiwan started to conduct some tobacco control work in the territory of Cambodia through the aid of non-governmental organizations working together with local government organizations, civilian organizations, multinational non-governmental organizations, and the WHO Office in Cambodia for the implementation of a series of tobacco control measures.



© A Cambodian Tricycle Driver's Tobacco Control Promotion Campaign

This year (2011) is the second implementation year of the 2010-2012 three year plan. The plan contains the Program in Cambodia and the collaboration program with Mongolia. The Program in Cambodia included assistance in fostering the legislation and establishment of tobacco-free work environments, organization of "Quit Smoking and Win" campaigns, and the provision of smoking cessation assistance services. The program for Mongolia is the collaborated promotion campaign with the Public Health Bureau of Mongolia's capital city, Ulan Bator for the realization of tobacco-free work environments and enhancement of the nation's tobacco hazard awareness. A summary of the significant features of the program are as follows:

1. Assisting in the implementation of tobacco control work in Cambodia

- (1) Lobbying for the legislation of tobacco control policies: Work with regional organizations and local civic organizations to provide technical assistance in the implementation of tobacco control legislation in Cambodia; detail work of included convening of meetings, lobbying, and development of policy related lobbying documents and memorandum notes.
- (2) Establishment of tobacco-free environments: Collaborate with the Cambodia Ministry of the Interior to promote the tobacco-free strategies in twelve provinces, such as design and distribution of anti-tobacco textbooks and promotional materials, organization of province-wide seminars, assistance in the smoking cessation move and the post-seminar monitoring and preparation of recommendations for monitoring results to the respective administrative heads of the provinces. A tobacco-free environment requirement survey was conducted in Kampong Chhnang Province. Thereafter, together with the provincial Public Health Department, we promoted a tobacco-free



environment declaration and conducted smoking cessation consultation training programs in the offices of the provincial Public Health Department and the hospitals and high schools under its umbrella system.

- (3) Training of the smoking cessation counseling human resource and delivery of smoking cessation services: "Quit Smoking and Win" campaigns and five-day smoking cessation classes were organized. On the other hand, the requirements of the intervention plan targeting tobacco farmers were assessed, and the smoking cessation assistance services were provided; moreover, smoking cessation counseling workshops were provided.



© A Cambodian Tricycle Driver's Tobacco Control Promotion Campaign(anti-smoking stickers)

2. Assistance in the implementation of tobacco control work in Mongolia

Assistance was provided to foster clarification of the provisions of the current *Tobacco Hazards Prevention Act* and Framework Convention on Tobacco Control and the understanding of the differences in their related criteria. On the other hand, we assisted in the establishment of the public health bureau website of the government of Ulan Bator City and implementation of the seed training program for the workplace smoking ban policies.

International Cooperation in Tobacco Control Policy Research

Articles 20 to 22 of the WHO Framework Convention on Tobacco Control require that all parties to the FCTC should conduct regional and global research studies, monitoring, and information exchanges and perform their FCTC commitments through the scientific, technical, and legal collaborations of related international institutions and sharing of their respective expertise. In response to the regulations of the FCTC and keeping in line with international campaigns, local and transnational research was conducted pursuant to international tobacco control policy analysis or assessment frameworks and a research team composed on domestic and foreign tobacco control experts and scholars was organized. Moreover, collaboration models and operations were planned to render greater international visibility to the tobacco control related accomplishments of Taiwan. The program is a three-year program starting from 2011, and related research is currently ongoing. The program contains the following contents:

1. **The core plan focuses on the "Systemic Analysis and Assessment of the Tobacco Control System of Taiwan" :** To compile and review the status quo of the implementation of tobacco control policies in Taiwan pursuant to the WHO MPOWER Framework of the United Nations.
2. **Three Subprograms:**
 - (1) Health and economic analysis of tobacco products: the analysis of Taiwan tobacco control policies and tobacco hazard related burdens to the economy; the impacts of the tobacco health and welfare surcharge on the tobacco product market and consumer behavior; the evaluation of the inequality issues of the Taiwan tobacco control policies.

- (2) Smoking behaviors of female teen and young smokers and the related preventive factors: a clarification of the characteristics of female teen and young smokers in Taiwan and the factors affecting their smoking behaviors; an analysis of the reduction of the environmental factors fostering the smoking behaviors of female teen and young smokers and assessment of the requirements of related intervention plans; proposal of recommendations on the contents and procedures of future nationwide surveys pursuant to the survey results gathered; proposal of a recommended tobacco control policy for female teen and young smokers.
- (3) Performance evaluation of the FCTC smoking cessation therapy service system: an analysis of the accessibility and fairness of the smoking cessation clinic therapy services and performance of smoking cessation therapy services; an analysis of the efficacy of imparting health information on the behavior of a quitting smoker; a comparative analysis of the modes of smoking cessation health instruction and counseling service required by hospitalized chronic disease patients and the exploration of the role and functions of health instructors and counselors.

Participation in the WHO Framework Convention on Tobacco Control

The WHO Framework Convention on Tobacco Control (FCTC) which entered into force on February 17, 2005, is the first international treaty on the public health ever established. As of year 2012, a total of 176 countries have signed the treaty and became parties to the FCTC; in light of which, the FCTC demanded its parties to observe and fulfill the various FCTC hazard control regulations through the legislation, enforcement and administration of related laws or other measures for the control of tobacco hazards within their national territories and the consolidation of international collaborations on tobacco control. The first FCTC Conference of the Parties was held in Geneva, Switzerland from February 6 to 17, 2006; the second Conference of the Parties was held at the United Nations Convention Center in Bangkok, Thailand from June 30 to July 6, 2007; the third Conference of the Parties was held in Durban, South Africa from November 17 to November 22, 2008; the fourth Conference of the Parties was held in Punta del Este, Uruguay from November 15 to November 20, 2010; the fifth Conference of the Parties is scheduled to be held in Seoul, South Korea from November 12 to November 17, 2012.

The FCTC is held in the different regions of the World Health Organization. It is the global treaty with the most number of signatory countries. On March 30, 2005, the President of the Republic of China approved and signed the membership application form, and under the spirit of the treaty, amended the provisions of the *Tobacco Hazards Prevention Act* in 2007; the amended provisions took effect on January 11, 2009. Another round of amendments passed on January 23 of the same year enabled the adjustment of tobacco health and welfare surcharge from NT\$ 10 per pack of cigarettes to NT\$ 20 per pack. The new rate took effect on June 1 of the same year. The proactive moves manifest Taiwan's determination to fulfill the principles of the treaty. Although Taiwan is not yet a signatory party to the FCTC, it is imperative that it implements all feasible measures to enable Taiwan to maintain a grasp of the various resolutions and guidelines of the FCTC, thereby allowing domestic health, medical, and pharmaceutical laws to keep abreast with international trends and fostering establishment of international collaborations for of tobacco control measures.

On the matter of the analysis on FCTC issues, a comparative study of the "tobacco product declaration procedures employed in each nation" was conducted in Canada, the EU, the UK, the US, Australia, Thailand, and China. The study found that the regulations defined in the Regulations on



Tobacco Product Information Control of Canada, the Tobacco Product Labeling Directive of 2001 and the Practical Guide to the Declaration of Tobacco Products of 2007 of the EU, the regulations governing the manufacturing, display, and sale of tobacco products of 2002 of the UK, and the Family Smoking Prevention and Tobacco Control Act of the US are quite stringent and have high reference values. On the other hand, the regulations of Thailand and China were more simplified; it's necessary for Taiwan, being another Asian country, to study these regulations for reference purposes.

Participation in the 5th Conference of the Parties of the WHO Framework Convention on Tobacco Control and compilation of the latest updates presented in the Conference of the Parties and related technical sessions enabled the compilation of professional opinions that may substantially benefit future tobacco control implementation work. Any opportunity for Taiwan to compile or actually participate, through official or unofficial channels, in the FCTC Conference of the Parties or its related technical sessions would be beneficial to Taiwan's understanding of the development of future international technical operations on tobacco control and would enable domestic laws and regulations to be in line with international regulations; moreover, such opportunities would have a positive substantial effect in the government's formulation of future related policies.

International Forums on Tobacco Hazards Prevention

The "Tobacco-free, Quality, Qualia and Innovation" International Conference

Since the establishment of the "Global Network for Tobacco-free Healthcare Services" in 1999, the network had accumulated 24 participating countries and around 1,500 participating hospitals under its umbrella as of 2011. Taiwan joined the network in 2011 and became its 25th member country and first member network in the Asian-Pacific region; moreover, 53 hospitals in Taiwan had joined the network. The definition of the term "tobacco-free hospital" according to the global tobacco-free network likewise implies the following: Commitment, Communication, Educational Training, Identification & Cessation Support, Tobacco Control, Environment, Healthy Workplaces, Health Promotion, Compliance Monitoring, and Policy Implementation.

The Bureau of Health Promotion of the Department of Health held a "Tobacco-free, Quality, Qualia and Innovation" International Conference at the National Taiwan University Hospital International Convention Center on August 16-17, 2011. Experts from Austria, Germany, Ireland, and Spain were invited to impart their experiences to the delegates. Salient points of the conference agenda included: 1) the application of the health-promoting hospital evaluation and research accomplishments in the tobacco-free hospitals; 2) review process and development of the Gold Level accreditation for tobacco-free hospitals; 3) introduction of the internal and independent expert review process; 4) compilation of the tobacco control work experiences of health professionals; 5) from theory to practice – incentive tools and implementation strategies; 6) establishment of a tobacco-free environment through organizational restructuring. The conference not only enabled us to acquire deeper insights into the experiences of other countries, but also provided a channel for sharing the success cases achieved by the medical institution in Taiwan. Moreover, it is hoped that the exchange of domestic and foreign experiences would be able to help the promotion of the tobacco-free hospital accreditation system in the Asian region.

Foreign experts and scholars were invited to participate in an observation tour (August 18-19, 2011) around Jianan Mental Hospital of the Department of Health, St. Martin De Porres Hospital, Taiwan Adventist Hospital, Cathay General Hospital, and Landseed Hospital. In the process, the foreign experts and scholars expressed the admiration and appreciation of the policy implementation procedures and

accomplishments of the four hospitals and thereafter discussed and planned the means by which the observed experiences may be shared with other countries.

The 5th Cross-Strait Conference on Tobacco Control

In the 5th Cross-Strait Conference on Tobacco Control held on September 5 - 6, 2011, prominent tobacco control implementers among the Chinese descendant and representatives of tobacco control organizations were invited to join cross-strait delegates of four regions and international guests. A total of 502 delegates registered for the conference and 90 theses were presented (48 of which came from Taiwan). Hosting of this cross-strait four-region conference and international tobacco control seminar for experience exchanges has increased the visibility of Taiwan and improved the tobacco control work implementation and development capacity of domestic implementers. Moreover, the conference enhanced tobacco control exchange interaction between non-governmental organizations advocating tobacco control. The tobacco control work experiences of the respective localities were shared in a proactive move to foster the expansion of the collaboration and mutual encouragement operations with other countries.

Hosting the “Smoking Cessation Service Seminar for Healthcare Professionals – Spread A Word, Save a Life”

The Smoking Cessation Program has become an important policy in the tobacco control implementation work of the respective governments. Under the aid and efforts of professionals in the various sectors, domestic and foreign experts and scholars were invited to share their practical experiences in tobacco control in the seminar held from October 28 to 29, 2011, thereby imparting their respective smoking cessation service related experiences and recommendations for an amelioration of the quality of smoking cessation services.

The seminar invited foreign experts and representatives of the World Medical Association (WMA), New Zealand, South Korea, and Hong Kong and around 200 physicians, nurses, pharmacists and individuals actually engaging in smoking cessation related services in different regions of the country to share their perceptions on the role of healthcare professionals in the promotion of the smoking cessation campaign and the means by which healthcare professionals may be consolidated for the collaborated implementation of the smoking cessation campaign. The delegates were also requested to propose recommendations on the smoking cessation criteria of the WHO Framework Convention on Tobacco Control (FCTC) to enhance participation of healthcare professionals in tobacco control programs and smoking cessation services.



© The 5th Cross-Strait Conference on Tobacco Control



© Promoting Tobacco Control by Health Care Professionals: Success Stories

TAIWAN TOBACCO CONTROL



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Conclusion

After the enforcement of the *Tobacco Hazards Prevention Act* in 1997 and implementation of its amendments in January 2009, the smoking rate of male and female adult dropped to 33.5% and 4.4% respectively, in 2011; likewise, the smoking rate of junior high schools and senior and vocational high schools dropped to 7.3% and 14.7% respectively. Unfortunately, upon reaching the ages of 18, a huge number of young adults start picking up the smoking behavior. The new regulations have been implemented for three years, and rejection of tobacco hazards has gradually become a part of social norm; however, promotion of the tobacco-free environment policy remains a long-term effort. Although the public now possesses heightened awareness and environmental tobacco hazards conditions are improved, there is still a huge room for improvement on issues concerning the smoking problem among the young adult, the tobacco-free environments realized in Internet cafes, indoor workplaces, and other no-smoking places, and the problem of the prohibition on selling of tobacco products to minors under the age of 18 years in the tobacco product vending places.

The World Health Organization has explicitly indicated that smoking cessation constitutes an important link in the implementation of tobacco control policies. It is only through helping smokers to stop smoking that a greater size of the public may prevent the hazards of first-hand smoke and second-hand smoke. In the future, in addition to asking managers of no-smoking places and vendors of tobacco products to execute their responsibilities like a good manager and stringently observe the related regulations. Moreover, the respective local public health bureaus are requested to enhance the counseling and inspection of significant places, continue their proactive expansion of the Mutual Care Network for Smoking Cessation, and provide maximum limit of service expansion through existing systems. In addition to the anti-smoking helpline and the existing smoking cessation clinics, in 2012, the "Full-Course, Full-Community, All population" Second-Generation Payment Scheme for Smoking Cessation was provided to expand the scope of smoking cessation services available in emergency rooms and hospitalization. Moreover, the smoking cessation service provided in school campuses, military facilities, workplaces, and medical care facilities was enhanced, and the training of smoking cessation health instructors of community pharmacies, school campuses, work places, and medical institutions was organized. The support and participation of the public were solicited to help smokers quit smoking for a better life.



TAIWAN TOBACCO CONTROL



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Appendix



❖ Tobacco Hazards Prevention Act and Related Legal Information

Amended Date: 2009.01.23

Chapter 1 General Principles

- Article 1 This Act is enacted to prevent and control the Hazards of tobacco in order to protect the health of the people. Any subjects not mentioned herein shall be governed by other pertinent and applicable laws and decrees.
- Article 2 For the purposes of this Act, the terms used herein are defined as follows:
- (1) Tobacco products: refer to cigarettes, cut tobacco, cigars and other products entirely or partly made of the leaf tobacco or its substitute as raw material which are manufactured to be used for smoking, chewing, sucking, snuffing or other methods of consuming.
 - (2) Smoking: refers to the act of smoking, sniffing, sucking, or chewing tobacco products, or holding burning tobacco products.
 - (3) Tobacco product containers: refer to all the packaging boxes, cans, or other containers used for selling the tobacco products to the consumers.
 - (4) Tobacco product advertisements: refer to any form of commercial advertisements, promotions, recommendations, or actions, whose direct or indirect purposes or effects are to market or promote tobacco use to unspecified consumers.
 - (5) Tobacco sponsorship: refers to the donations of any form to any events, activities or individual, whose direct or indirect purposes or effects are to market or promote tobacco use to unspecified consumers.
- Article 3 The competent authority for the purposes of this Act at the central government level shall be the Department of Health of the Executive Yuan; at the municipal level, the municipal government; and at the county (city) level, the county (city) government.

Chapter 2 The Health And Welfare Surcharge And The Administration Of Tobacco Products

- Article 4 The Health and Welfare Surcharge shall be imposed on tobacco products, the amount of which shall be as follows:
- (1) Cigarettes: NTD 1,000 every one thousand sticks.
 - (2) Cut tobacco: NTD 1,000 every kilogram.
 - (3) Cigars: NTD 1,000 every kilogram.
 - (4) Other tobacco products: NTD 1,000 every kilogram.

The competent authority at the central government level and the Ministry of Finance shall, for once every two years, invite and assembly scholars and experts specialized in finance, economic, public health and relevant fields to conduct reviews of the amounts of the aforementioned Health and Welfare Surcharge based on the following factors:



- (1) The various types of diseases attributable to the smoking activities, the morbidity and mortality of such diseases, as well as the medical costs thereby incur upon the National Health Insurance.
- (2) Total amount of consumption on tobacco products and smoking rate.
- (3) Ratio of tobacco levies to average retail prices of the tobacco products.
- (4) National income and consumer price index.
- (5) Other relevant factors affecting the prices of the tobacco products and the preventions of the Tobacco Hazards.

If the amounts contained in the first paragraph, after being reviewed by the competent authority at the central government level and the Ministry of Finance pursuant to the second paragraph above, are considered necessary to be increased, such increased amounts shall be approved by the Executive Yuan and passed by the Legislative Yuan after examination.

The collected surcharges shall be used exclusively for the National Health Insurance reserves, for cancer prevention and control, for upgrading the quality of medical care, for subsidizing in the area where found shortage of medical supplies and the operation of related medical units, for subsidizing to the medical expenses of rare disorder or otherwise, for subsidizing to the Insurance fee of the person who need help due to economic difficulties, for implementing Hazards-related preventive measures at both national and provincial levels, for promoting public health and social welfare, for investigating smuggled or inferior tobacco products, for preventing tax evasion of tobacco products, for providing assistance to tobacco farmers and workers of relevant industries. The rules of allocation and the operational agenda dealing with the collected surcharges shall be formulated by the competent authority at the central government level and the Ministry of Finance, and shall be examined and approved by the Legislative Yuan.

The definitions of the area where found shortage of medical supplies and the operation of related medical units and the person who need help due to economic difficulties in the previous paragraph will be stipulated by the central competent authority.

The Health and Welfare Surcharges of tobacco products shall be collected by the collecting agencies of the tobacco and alcohol taxes at the same time those taxes are collected. The taxpayers, the exemptions, the refunds, and the collections and the penalties relating to the above-mentioned surcharges shall be decided and conducted in accordance with the *Tobacco and Alcohol Taxes Act*.

Article 5 Tobacco products shall not be sold by any of the following methods:

- (1) Vending machines, mail orders, on-line shoppings, or any other methods through which the age of the consumers cannot be screened by the vendors.
- (2) Methods such as store shelves which are directly accessible by the consumers whose age cannot be screened.
- (3) With the exception of cigars, packaging less than twenty cigarettes per vending unit or the net weight of the content of such unit is less than 15 grams.

Article 6 The tobacco products, their brand names, and the texts and marks printed on tobacco product containers shall not use expressions such as light, low tar, or any other misleading words or marks implicating that smoking has no harmful effects, or only has minor harmful effects, on health.

The tobacco products containers shall, at a conspicuous place on the largest front and back outside surfaces, label in Chinese health warning texts and images

describing the harmful effects of tobacco use, as well as relevant information for quitting smoking. The area occupied by such texts and images shall not be less than 35% of each labeling surfaces.

The regulations regarding the contents, sizes and other matters relating to the above-mentioned labeling requirements shall be prescribed by the competent authority at the central government level.

Article 7 The level of nicotine and tar contained in the tobacco products shall be indicated, in Chinese, on the tobacco product containers. This requirement, however, does not apply to tobacco products manufactured exclusively for exports.

The nicotine and tar levels referred to in the preceding paragraph shall not exceed the maximum amounts.

The regulations relating to the maximum amounts and their testing measures, the methods in labeling such amounts, as well as other matters need to be observed, shall be prescribed by the competent authority at the central government level.

Article 8 Manufacturers and importers of tobacco products shall disclose and declare the following information:

- (1) Contents and additives of the tobacco products as well as their relevant toxic information.
- (2) Emissions produced by the tobacco products as well as their relevant toxic information.

The competent authority at the central government level shall periodically and voluntarily disclose to the public the information received in pursuant to the preceding paragraph; and may send personnel to acquire samples for conducting inspections (tests).

The regulations relating to the contents, schedules, procedures and inspections (tests) of the information required to be reported and other relevant matters pursuant to the preceding two paragraphs shall be prescribed by the competent authority at the central government level.

Article 9 The promotion or advertising of tobacco products shall not employ the following methods:

- (1) Advertising through radio, television, film, video, electronic signal, internet, newspaper, magazine, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display, or through any other written, illustrated form, item or digital recording device.
- (2) Using journalist interviews or reports to introduce tobacco products, or using other people's identity without proper authorization to conduct promotion.
- (3) Using discount to sell tobacco products, or using other items as gift or prize for such sales.
- (4) Using tobacco products as gift or prize for the sale of other products or for the promotion of other events.
- (5) Packaging tobacco products together with other products for sale.
- (6) Distributing or selling tobacco products in forms of individual sticks, in loose packs or sheathed.
- (7) Using merchandises with brand names or trademarks identical or similar to tobacco products in conducting promotion or advertising.



(8) Using tea parties, meal parties, illustration conferences, testing events, concerts, lectures, sports or public interest events, or other similar methods to conduct promotion or advertising.

(9) Any other methods prohibited by competent authority at the central government level through public notice.

Article 10 The places for selling tobacco products shall, at conspicuous locations, post the warning images and texts required by Paragraph 2 of article 6, Paragraph 1 of article 12 and article 13; the display of tobacco products or tobacco product containers shall be limited to the necessary extent in allowing consumers to acquire information on brand names and prices of the tobacco products.

The scopes, contents and methods of the posting and the displaying required by the preceding paragraph, as well as other matters need to be observed, shall be prescribed by the competent authority at the central government level.

Article 11 No business premises shall provide customers with free tobacco products for the purpose of promoting or profit-making.

Chapter 3 The Prohibition Of Smoking By Children, Minors And Pregnant Women

Article 12 Persons under the age of eighteen shall not smoke.

Pregnant women shall not smoke.

The parents, guardians or other people actually in charge of the care of persons under the age of eighteen shall forbid the said persons to smoke.

Article 13 No person shall provide tobacco products to persons under the age of eighteen.

No person shall force, induce or use other means to cause the pregnant woman to smoke.

Article 14 No person shall manufacture, import or sell candies, snacks, toys or any other objects in form of tobacco products.

Chapter 4 Places Where Tobacco Use Are Restricted

Article 15 Smoking is completely prohibited in the following places:

(1) schools at all levels up to and including high schools, children and youth welfare institutions and other places the main purposes of which are for educations or activities of children and youth;

(2) indoor areas of universalities and colleges, libraries, museums, art galleries, and other places where the culture or social education institutions are located;

(3) the places where medical institutions, nursing homes, other medical care institutions, and other social welfare organizations are located, with the exception of separate indoor smoking partitions equipped with independent air-conditioning or ventilation systems or outdoor areas of the welfare institutions for the elderly;

- (4) indoor areas of the government agencies and state-owned enterprises;
- (5) public transportation vehicles, taxis, sightseeing buses, rapid transit systems, stations or passenger rooms;
- (6) places for the manufacturing, storage or sale of flammable and explosive items;
- (7) the business areas of banks, post offices and offices of telecommunication businesses;
- (8) places for indoor sports, exercises or body-buildings;
- (9) classrooms, reading rooms, laboratories, performance halls, auditoriums, exhibition rooms, conference halls (rooms) and the interior of elevators;
- (10) indoor areas of opera houses, cinemas, audio-visual businesses, computer entertainment businesses, or other leisure entertainment locations open to the general public;
- (11) indoor areas of hotels, shopping malls, restaurants or other business locations for public consumption, with the exceptions of those locations equipped with separate smoking partitions with independent airconditioning systems, semi-outdoor restaurants, cigar houses, bars and audio-visual businesses which are only open after 9:00 pm and exclusively to persons beyond 18 years of age;
- (12) indoor workplaces jointly used by three or more persons; and
- (13) other indoor public places, as well as the places and transportation facilities designated and announced by the competent authorities at various levels of the government.

The places mentioned in the preceding paragraph shall have conspicuous non-smoking signs at all of their entrances, and shall not supply smoking-related objects.

Article 16 Smoking in the following places is prohibited except in the designated smoking areas, and smoking is completely prohibited therein if no such smoking area is designated:

- (1) Outdoor areas of universalities and colleges, libraries, museums, art galleries, and other places where the culture or social education institutions are located.
- (2) Outdoor stadiums, swimming pools and other leisure entertainment locations open to the general public.
- (3) Outdoor areas of the welfare institutions for the elderly.
- (4) Other places and transportation facilities designated and announced by the competent authorities at various levels of the government.

The places mentioned in the preceding paragraph shall have conspicuous signs at all of their entrances and other appropriate locations indicating non-smoking or smoking is prohibited outside the smoking area, and shall not supply smoking-related objects except within of the smoking area.

The designation of smoking area pursuant to Paragraph 1 shall observe the following regulations:

- (1) The designated smoking area shall have conspicuous signs and marks.
- (2) The designated smoking area shall not occupy more than one-half of the indoor and/or outdoor areas of its respective places, and the indoor smoking room shall not be located at the necessary passageway.



Article 17 Although not listed in either Paragraph 1 of article 15 or Paragraph 1 of the preceding article, smoking is prohibited at the place where it is designated by the owners or persons in charge of such place to be nonsmoking.

Smoking shall be prohibited in the indoor areas where pregnant women or children under the age of three are present.

Article 18 The person in charge of a place where smoking is prohibited or restricted, as well as the employees thereof, shall stop those who smoke in the non-smoking places listed in Articles 15 and 16, or those who under the age of eighteen to enter the smoking areas.

Other on-site persons may dissuade those who smoke in non-smoking places.

Article 19 The competent authorities of the cities with provincial status and at the county (city) level shall periodically send personnel to inspect the places listed in Articles 15 and 16, as well as the matters relating to the establishments and administrations of the smoking areas.

Chapter 5 Education And Publicizing Campaign Against Tobacco Hazards

Article 20 Government agencies and schools shall actively engage in educations and publicizing campaign against Tobacco Hazards.

Article 21 Medical institutions, mental health counseling institutions and public interest groups may provide services on quit-smoking.

The regulations for subsidizing and rewarding the services pursuant to the preceding paragraph shall be prescribed by the competent authorities at the various levels of the government.

Article 22 The images of smoking shall not be particularly emphasized in television programs, drama or theatrical performances, audio-visual singing and professional sports events.

Chapter 6 Penal Provisions

Article 23 Any person in violation of the provisions set forth in article 5 or Paragraph 1 of article 10 shall be punished by a fine in an amount of no less than NTD 10,000 but no more than NTD 50,000. Repeated violators may be fined continuously and independently for each violation.

Article 24 Manufacturers or importers in violation of Paragraphs 1 and 2 of article 6 or Paragraph 1 of article 7 shall be punished by a fine in an amount of no less than NTD 1,000,000 but no more than NTD 5,000,000, and shall be ordered to recall such tobacco products within a specified period of time. Those who failed to recall within the specified period of time shall be fined continuously and independently for each violation. The tobacco products found to be in violation shall be confiscated and destroyed.

Any person who sells tobacco products as in violation of Paragraphs 1 or 2 of article 6 or Paragraph 1 of article 7 shall be punished by a fine in an amount of no less than NTD 10,000 but no more than NTD 50,000.

- Article 25 Any person in violation of Paragraph 1 of article 8 shall be punished by a fine at an amount of no less than NTD 100,000 but no more than NTD 500,000, and shall be order to report within a specified period of time.

Those who failed to report within the specified period of time shall be fined repeatedly and continuously for each failure to comply.

Any person who evades, obstructs or refuses the sampling and investigating (testing) by the competent authority at the central government level pursuant to Paragraph 2 of article 8 shall be punished by a fine at an amount of no less than NTD 100,000 but no more than NTD 500,000.

- Article 26 Manufacturers or importers in violation of any subparagraphs of article 9 shall be punished by a fine at an amount of no less than NTD 5,000,000 but no more than NTD 25,000,000, and shall be fined repeatedly and continuously for every single violations.

Any person in the business of advertising or mass communication which produce advertisements for tobacco products or accept them for broadcasting, dissemination or printing in violation of the subparagraphs listed in article 9 shall be punished by a fine at an amount of no less than NTD200,000 but no more than NTD1,000,000, and shall be fined for each violations.

- Article 27 Any person in violation of article 11 shall be punished by a fine at an amount of no less that NTD2,000 but no more than NTD 10,000.

- Article 28 Any person in violation of Paragraph 1 of article 12 shall receive quit-smoking education. For violators who are under the age of eighteen and unmarried, their parents or guardians shall be held responsible to have the violators to attend the educational programs.

Any person who, after being duly notified, fails to attend the educational program without justifiable cause shall be punished by a fine at an amount of no less than NTD 2,000 but no more than NTD 10,000, and shall be fined repeatedly and continuously for each failure to attend. For violators under the age of eighteen and unmarried, the punishment shall be imposed upon their parents or guardians.

The educational program referred to in the first paragraph shall be prescribed by the competent authority at the central government level.

- Article 29 Any person in violation of article 13 shall be punished by a fine at an amount of no less than NTD10,000 but no more than NTD 50,000.

- Article 30 Manufacturers or importers in violation of article 14 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000, and shall be ordered to recall such tobacco products within a specified period of time. Those who failed to recall within the specified period of time shall be fined repeatedly and continuously for each failure to recall.

Any person who sells tobacco products as a business is in violation of article 14 shall be punished by a fine at an amount of no less than NTD 1,000 but no more than NTD 3,000.



Article 31 Any person in violation of Paragraph 1 of article 15 or Paragraph 1 of article 16 shall be punished by a fine at an amount of no less than NTD 2,000 but no more than NTD 10,000.

Any person in violation of Paragraph 2 of article 15 or Paragraphs 2 or 3 of article 16 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000, and shall be ordered to correct within a specified period of time. Those who failed to correct within the specified period of time may be fined repeatedly and continuously for each failure to correct.

Article 32 Any person who violates this Act and is punished pursuant to the regulations prescribed in article 23 to the preceding article, his or her personal identity and the manner of violation could at the same time be publicized.

Article 33 The penalties prescribed by this Act, except for article 25 which shall be enforced by the competent authority at the central government level, shall be enforced respectively by the competent authorities of the cities with provincial status and at the county (city) level.

Chapter 7 Supplementary Provisions

Article 34 The Health and Welfare Surcharges collected in pursuant to article 4 which are allocated to central or local governments for tobacco control and public health shall be used by the competent authority at the central government level to set up a foundation in handling the relevant affairs of tobacco control and public health.

The regulations regarding the collections, expenditures, managements and uses of the foundation mentioned in the preceding paragraph shall be prescribed by the Executive Yuan.

Article 35 This Act shall come into force six months from the date of promulgation. Except the effective date for article 4 shall be otherwise prescribed by the Executive Yuan, all provisions amended on June 15, 2007 shall take effect eighteen months after the promulgation of this Act.

Related Regulations

([http://health99.doh.gov.tw/documents/ 菸害防制法 .pdf](http://health99.doh.gov.tw/documents/菸害防制法.pdf))

- Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization (2009.12.30)
- Regulations Governing Smoking Cessation Education (2008.02.22)
- Regulation for Subsidizing and Rewarding Smoking Cessation Services (2008.02.22)
- Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers (2008.03.27)
- The Regulations for Establishment of Indoor Smoking Rooms (2008.05.29)
- Regulations for the Administration of the Display and the Labeling of Tobacco Products at Tobacco-Selling Premises (2008.06.23)
- Regulations for the Administration of Income and Expenditures Related to Tobacco

Hazards Prevention and Health Protection Funds (2008.08.21)

- Regulations Governing Reporting of Tobacco Product Information (2012.08.08)

❖ Local and International Tobacco Control-related Websites

- Health 99 Education Resource of the Bureau of Health Promotion, Department of Health, Executive Yuan: <http://health99.doh.gov.tw/>
- Tobacco Control Information website of the Bureau of Health Promotion, Department of Health, Executive Yuan: <http://tobacco.bhp.doh.gov.tw/>
- *Tobacco Hazards Prevention Act* and Related Legal Information: <http://tobacco.bhp.doh.gov.tw/Show.aspx?MenuId=544/>
- Tobacco Ingredients Information website: <http://tobacco-information.bhp.doh.gov.tw>
- Ministry of Finance information site for tobacco and alcohol administration: <http://www.nta.gov.tw/dbmode93/>
- Health Indicator 123 Plus - National Health Index Interactive Information website: <http://olap.bhp.doh.gov.tw/>
- Smoking Cessation Clinic Therapy Management Center of the Bureau of Health Promotion, <http://ttc.bhp.doh.gov.tw/quit/>
- Taiwan Smokers Helpline <http://www.tsh.org.tw/>
- Health-promoting workplace information, website: <http://www.health.url.tw/>
- Military Website for Tobacco Hazards and Betel Nut Hazards Control Campaign: <http://mab.mnd.gov.tw/tobacco/index.asp>
- Taiwan Health Promoting School: <http://hpshome.giee.ntnu.edu.tw>
- John Tung Foundation Tobacco Control Zone: <http://www.jtf.org.tw/JTF03/03-01.asp>
- WHO-Tobacco <http://www.who.int/topics/tobacco/en/>
- WHO Framework Convention on Tobacco Control <http://www.who.int/fctc/en/index.html>
- USA CDC-Smoking & Tobacco Use <http://www.cdc.gov/tobacco/>
- U.S. Department of Health and Human Services-Smoking and Tobacco Widgets: <http://www.hhs.gov/web/library/smoketobacco.html>
- Global tobacco control <http://www.globalink.org>
- NSW Health: <http://www.health.nsw.gov.au/public-health/health-promotion/tobacco/index.html>
- Hong Kong Council on Smoking & Health <http://smokefree.hk/tc/content/home.do>
- Quit Victoria <http://www.quit.org.au/>
- ASHLine-Arizona Smokers' Helpline <http://ashline.ning.com/>
- California Smokers' Helpline <http://www.californiasmokershelpline.org/>
- European Network of Quitlines <http://www.enqonline.org/>



Table of Amendments to the *Tobacco Hazards Prevention Act*

Date	Event
1997. 03. 19	Issuance of a Presidential Decree ratifying the <i>Tobacco Hazards Prevention Act</i> and its implementation on September 19 of the same year
1998. 02. 18	Ratification of the "Enforcement Rules of the Smoking Cessation Education Program"
1999. 02. 10	Ratification of the Regulations of Rewards for Smoking Cessation Counseling Service Establishments
2000. 01. 19	Issuance of a Presidential Decree amending provisions of the <i>Tobacco Hazards Prevention Act</i> (Article 3 and Article 30 were amended in line with the restructuring of the Taiwan Provincial Government functions, jurisdiction, and organization.)
2003. 05	Convening of the 56 th WHO General Convention passing the first global treaty on public health "WHO Framework Convention on Tobacco Control" (or FCTC for short)
2005. 02. 24	First reading resolution of the Executive Yuan on the bill for the amendment of Article 4-1 and Article 30 of the <i>Tobacco Hazards Prevention Act</i> ; thereafter on March 2, 2005, Executive Yuan approved the amendment provision regarding cigarette tax contributions and forwarded it to the Legislative Yuan for deliberation and ratification.
2005. 02. 27	Implementation of the WHO FCTC
2005. 03. 14	Invitation of the participation of industry representatives, civic organization representatives, scholars, and related ministry and agency representatives in the public forum for the amendment bill of the <i>Tobacco Hazards Prevention Act</i>
2005. 03. 30	Issuance of a Presidential Decree approving country's participation in the WHO FCTC and signing of the membership commitment document
2007. 06. 15	Third reading resolution of the bill of amendments to the <i>Tobacco Hazards Prevention Act</i>
2007. 07. 11	Issuance of a Presidential Decree ratifying that the source of law of the health and welfare taxes on tobacco products was shifted from the Article 22 of <i>Tobacco and Alcohol Tax Act</i> to the Article 4 of <i>Tobacco Hazards Prevention Act</i> .
2008. 02. 01	The Executive Yuan organized conference for the "review of the bill for the amendment of Article 4 and Article 35 of the <i>Tobacco Hazards Prevention Act</i> " "bill for the amendment of Article 22 of the <i>Tobacco and Alcohol Tax Act</i> ".
2008. 02. 22	Ratification of the amendments to the Regulations Governing the Subsidies and Awards for Smoking Cessation Services and Enforcement Rules of the Smoking Cessation Education Program
2008. 03. 27	Ratification of the Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products

Date	Event
2008. 05. 29	Promulgation of the Regulations for Establishment of Indoor Smoking Rooms
2008. 05. 30	Hosting of the gala premiere & press conference by the 25 city mayors and county magistrates for the “Full Support for the Establishment of tobacco-free Public Places in 25 Counties and Cities” promotional video and a public declaration of the concerted enforcement effort of smoking bans in public places by central and local authorities
2008. 06. 23	Promulgation of the “Regulations for the Administration of the Display and the Labeling of Tobacco Products at Tobacco-Selling Premises”
2008. 08. 21	Executive Yuan’s promulgation of the “Regulations on the Income, Disbursement, Custody, and Utilization of the Tobacco Control and Health & Hygiene Fund”
2008. 11. 10	Organization of the Bureau’s cross-departmental tobacco control response center and convening of the regular weekly center meetings
2008. 11. 14	Executive Yuan deliberation and resolution of the amendment bill for Article 4 and Article 35 of the <i>Tobacco Hazards Prevention Act</i> and forwarding of bill to the Legislative Yuan for reading
2008. 11. 28	Convening of the 1 st County/City Public Health Bureau Directors’ Conference (total of 4 conferences) and the County/ City Public Health Bureau Directors communication and discussion of the information promotion strategies and enforcement conditions of the new tobacco control related regulations
2008. 12. 01	<ol style="list-style-type: none"> 1. Commencement of the site random inspection procedures in 25 counties and cities (total of 5 inspection procedures had been conducted) 2. Establishment of the DOH Tobacco Control Response Center and convening of the regular center meetings
2008. 12. 04	Ratification of the “Regulations Governing Reporting of Tobacco Product Information”
2008. 12. 10	Review of the bill for the amendment of Article 4 and Article 35 of the <i>Tobacco Hazards Prevention Act</i> in the 22 nd General Meeting of the 2 nd Session of the Environmental Hygiene Committee of the 7 th Legislative Yuan
2008. 12. 26	Holding of the response action drill for the implementation of the <i>Tobacco Hazards Prevention Act</i> provisions at the CDC National Health Command Center
2009. 01. 05	Simulation of a site inspection procedure under the leadership of DOH Minister Yeh Chin-Chuan
2009. 01. 11	Implementation of the new regulations of <i>Tobacco Hazards Prevention Act</i> and announcement of the results of the united inspection procedures conducted in 25 cities and counties at CDC National Health Command Center
2009. 01. 12	Passing of the of the bill for the amendment of Article 4 and Article 35 of the <i>Tobacco Hazards Prevention Act</i> in the 3 rd reading of the Legislative Yuan enabling the adjustment of the health and welfare tax on tobacco products from NT\$ 10 per pack of cigarettes to NT\$ 20



Date	Event
2009. 01. 23	Issuance of the President Decree ratifying the amendment of Article 4 and Article 35 of the <i>Tobacco Hazards Prevention Act</i> for the adjustment of health and welfare taxes on tobacco products from NT\$ 10 per pack of cigarettes to NT\$ 20 and its implementation on June 1 of the same year
2009. 04. 13	Announcement of the implementation of the adjustment of the health and welfare tax on tobacco products to NT\$ 20 per pack of cigarettes effective June 1, 2009, and in protection of the rights and interests of consumers and prevention of tobacco product hoarding and other profiteering moves of dealers, an identification coding system was implemented to distinguish tobacco products for which the NT\$ 20-welfare-tax had been paid.
2009. 04. 17	<ol style="list-style-type: none">1. Announcement of the new identification coding system employed on the tobacco products for which the NT\$ 20-welfare-tax had been paid and other related regulatory measures for the information of consumers2. Convening of a meeting between the DOH and the Ministry of Finance on the amendment and ratification of Article 4 and Article 5 of the "Regulations Governing the Allocation and Utilization of the Tobacco Product Health and Welfare Tax" and its forwarding to the Legislative Yuan for reading
2009. 05. 14	Commissioning of the service of the Ministry of Finance for the printing of the first batch of health and welfare tax identification seals, 15 million pieces, for tobacco products
2009. 05. 19	Commissioning of the service of Ministry of Finance for the printing of the second batch of health and welfare tax identification seals, 10 million pieces, for tobacco products
2009. 05. 20-22	Convening of the orientation seminar on the tobacco product health and welfare tax identification seal in Taichung, Kaohsiung, and Taipei for the orientation of all health bureau inspectors on the consumer protection measures to be applied after the implementation of the tobacco welfare tax adjustments and proper identification of the tobacco product tax seals to stem forgeries
2009. 05. 26	Convening of the orientation seminar on the tobacco product health and welfare tax identification seal by the Ministry of Finance for the information of the seal distribution locations and distribution procedures
2009. 06. 01	Adjustment of the health and welfare tax on tobacco products from NT\$ 10 per pack of cigarette to NT\$ 20
2009. 06.02	Release of tobacco product health and welfare tax identification seals to tobacco product importers at the five distribution centers located in the country; a total of 8,954,792 seals had been released by November 15, 2009
2009. 06. 04	Processing of the first tobacco product data declaration procedure of tobacco product makers and importers under the provisions of the "Regulations Governing Reporting of Tobacco Product Information"
2009. 09. 18	Definition of the Principles of the Tobacco Product Data Declaration and Review Procedures of the Bureau of Health Promotion under the Department of Health

Date	Event
2009. 12. 30	Joint promulgation of the DOH and Ministry of Finance for the bill amendment of Article 4, Article 5, and Article 8 of the "Regulations Governing the Allocation and Utilization of the Tobacco Product Health and Welfare Tax" and submission of the bill to the Legislative Yuan for reading
2010. 07. 23	Convening of the "expert evaluation meeting of the cigarette tax adjustment policy"
2010. 09. 17	Convening of the "National Tobacco Control Strategy Seminar"
2010. 10. 04	Issuance of the DOH announcement no. Su-shou-kuo-tzu-ti- 0990700968 ratifying the "prohibition of tobacco product marketing promotion or tobacco product advertisement"
2010. 11. 04	Reposting of the announcement regarding the reporting procedure and report format under the "Regulations Governing Reporting of Tobacco Product Information"
2010. 11. 29	Issuance of the decree (No. Su-shou-kuo-tzu-ti-0990701200 ratifying the amendment to Article 15 Paragraph 1 Subparagraph 13 of the <i>Tobacco Hazards Prevention Act</i> on pedestrian underpasses stipulating that smoking shall be strictly prohibited in other indoor spaces for public spaces.
2010. 12	Holding of the first annual tobacco product data updating and reporting procedure of tobacco product makers and importers pursuant to the provisions of the "Regulations Governing Reporting of Tobacco Product Information"
2011. 04. 06	Convening of the tobacco product health and welfare tax allocation and application performance evaluation meeting
2011. 04. 22	Convening of the deliberation meeting for the <i>Tobacco Hazards Prevention Act</i> amendments
2011. 05. 06	Amendment and promulgation of Article 10 and Article 13 provisions of the "Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products"
2011. 05. 19	Review of the bill for the partial amendment of the <i>Tobacco Hazards Prevention Act</i> by the Social Welfare and Health Environment Committee of the Legislative Yuan and interrogation of 5 major bill issues
2011. 08. 24	Convening of the conference of experts for the assessment of the tobacco product health and welfare tax
2011. 09. 05	Amendment and promulgation of Article 4 and Article 8 of the "Regulations Governing the Allocation and Utilization of the Tobacco Product Health and Welfare Tax" by the Executive Yuan Department of Health and the Ministry of Finance
2011. 09. 07	Convening of the Public forum on the amendments bill of <i>Tobacco Hazards Prevention Act</i>
2011. 09. 08	Amendment and promulgation of the "Regulations on the Income, Disbursement, Custody, and Utilization of the Tobacco Control and Health & Hygiene Fund" by the Executive Yuan
2012. 08. 08	Amendment and promulgation of Article 6, Article 9, and Article 10 of the BRegulations Governing Reporting of Tobacco Product Information"



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